

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 9: 03

DOCUMENT # P00000067802

1. Corporation Name

Edge Brothers Custom Painting, Inc.

2. Principal Office Address

643 Melton Road

Suite, Apt. #, etc.

City & State

Baker, FL

Zip

32531

Country

USA

3. Mailing Office Address

643 Melton Road

Suite, Apt. #, etc.

City & State

Baker, FL

Zip

32531

Country

USA

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3658121

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael S. McDuffie, Accountant

Street Address (P.O. Box Number is Not Acceptable)

1502 South Fardon Blvd

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32536

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael S. McDuffie
REGISTERED AGENT MUST SIGN

Date

11/30/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	William M. Edge	643 Melton Road	Baker, FL 32531
SD	Jeffrey P. Edge	643 Melton Road	Baker, FL 32531

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William M. Edge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/06

Daytime Phone #

242

Edge Brothers Custom Painting, Inc
643 Melton Road
Baker, FL 32531

Phone: (850) 537-5848

November 29, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement Application – Edge Brothers Custom Painting, Inc.
P00000067802

Dear Ladies and Gentlemen:

Enclosed is my application to have the above referenced corporation reinstated with the State of Florida.

As provided for in your instructions, I am respectfully requesting that the \$600.00 reinstatement fee be waived. I did not receive the annual report notice for the year 2005. Because I did not receive the dues notice and renew the corporation for 2005, I did not receive a notice for 2006.

I did not realize that none of the reports for these years (2005 and 2006) had not been paid and filed until I tried to renew my Workers Compensation Exemption.

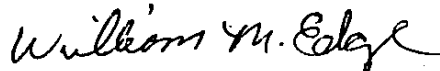
Since we did not receive our renewal notice for the year 2005 (or 2006), we are changing our registered agent and address to our accountant so there won't be any confusion in the future.

Based on the explanation in this letter, please accept the enclosed check of \$300.00 to pay the annual fees (\$150.00 per year) for 2005 and 2006; and reinstate my corporation as quickly as possible

Thank you in advance for your favorable consideration of this request.

Please call me if you have any questions or comments.

Sincerely,



William M. Edge
President
