

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
DIVISION OF CORPORATIONS

**FILED**

01 OCT 18 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000103170**

1. Corporation Name

**VENDITTI PAINTING, INC.**

Principal Place of Business

Mailing Address

19907 LOOKOUT LANE  
EUSTIS FL 32736

19907 LOOKOUT LANE  
EUSTIS FL 32736

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT**

2001



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/02/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0464229

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VENDITTI, WANDA	19907 LOOKOUT LANE	EUSTIS FL 32736
D	VENDITTI, JOHN W III	19907 LOOKOUT LANE	EUSTIS FL 32736

~~300004657843--8~~  
-10/29/01--01087--003  
\*\*\*\*750.00 \*\*\*\*750.00  
LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VENDITTI, WANDA  
19907 LOOKOUT LANE  
EUSTIS FL 32736

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Wanda Venditti*

**REGISTERED AGENT MUST SIGN**

Date 10-17-01

11. 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 under section 119.07(3)(i), 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:

*Wanda Venditti* WANDA Venditti  
President

Date 10-17-01 352-357-1853  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (8/01)