

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 24 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019380

1. Corporation Name

KAUTZ PAINTING, INC.

Principal Place of Business

Mailing Address

~~RT-9 BOX 634~~
LAKE CITY FL 32024

P. O. BOX 1191
LAKE CITY FL 32056

[Handwritten signature]



REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

APPLIED FOR

Not Applicable

Zip

Country

Zip

Country

32024

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KAUTZ, MIKE	RT-9 BOX 634 Rt 9 Box 636	LAKE CITY FL 32024
D	KAUTZ, PATRICK	RT-9 BOX 634 Rt 9 Box 636	LAKE CITY FL 32024

100024058261
10/24/03-01005-007 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAUTZ, MIKE
~~RT-9 BOX 634~~
LAKE CITY FL 32024

Name

Kautz Mike

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

Rt 9 Box 636

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32024

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. or 617.0505, F.S.

Signature of
Registered Agent

Michael L. Kautz
REGISTERED AGENT MUST SIGN

Date

10-20-03

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:

Michael L. Kautz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-03

Daytime Phone #

3868674432

CR20040 (7/03)