

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PO1000022138

1. Corporation Name

D. R. PAINTING & COATING, Inc.

2. Principal Office Address

437 HILLS DALE CT

Suite, Apt. #, etc.

3. Mailing Office Address

437 HILLS DALE CT

Suite, Apt. #, etc.

City & State

LAKE MARY FL

City & State

LAKE MARY FL

Zip

32746

Country

USA

Zip

32746

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH-1-2001

5. FEI Number

59-366-9017

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

Dennis Ramczyk

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

437 HILLS DALE CT

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

000023560549
10/06/03--01013--002 ***8.75

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

D. Ramczyk

REGISTERED AGENT MUST SIGN

Date

OCT 1-03

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
P	Dennis Ramczyk	437 Hills Dale Ct	LAKE MARY FL 32746

REINSTATEMENT 02-03 KITS

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 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:

D. Ramczyk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 1-03

Date

407-709-8159

Daytime Phone #

CR2E031 (10/02)

RDJ026

OCT-1-03

To Whom IT May Concern

I Dennis Ramery did NOT
Recieve Any Notice ON 2002

My Address is incorrect in THE
PRINCIPAL OFFICE SECTION

Can you please Correct And
Can you send me A Certificate
OF STATUS

THANK YOU FOR YOUR HELP

D Ramery