

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000031262

1. Corporation Name

YNOT PAINT, INC.

2. Principal Office Address - No P.O. Box #

1324 SE. 20th Ct.

Suite, Apt. #, etc.

City & State

Cape Coral, FL.

Zip

33990

Country

U.S.A.

3. Mailing Office Address

P.O. Box 151926

Suite, Apt. #, etc.

City & State

Cape Coral, FL.

Zip

33915

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

3-23-2001

5. FEI Number

65-1088416

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

Tony Drouillard

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

1324 S.E. 20th Ct.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Tony Drouillard

REGISTERED AGENT MUST SIGN

Date 12-18-09

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/D	Tony Drouillard	1324 S.E. 20th Ct.	Cape Coral / FL / 33990

10. E-mail Address:

(To be used for future annual report notification)

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, I further certify, 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:

Tony Drouillard

Tony Drouillard

12-18-09

Date

239-265-8788

Daytime Phone #