

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P01000046388**

1. Corporation Name

**DARRYL'S QUALITY PAINTING, INC.**

Principal Place of Business

134 CRAIG STREET  
MILTON FL 32583

Mailing Address

134 CRAIG STREET  
MILTON FL 32583

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/2001

5. FEI Number

59-3220577

Applied For

Not Applicable

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	MCGOWIN, DARRYL	134 CRAIG STREET	MILTON FL 32583

2000000766622  
11/04/02--01002--022 \*\*150.00

8. Name and Address of Current Registered Agent

MCGOWIN, DARRYL  
134 CRAIG STREET  
MILTON FL 32583

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

CR2E040 (8/02)

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/02

Date

850  
981-0119

Daytime Phone #

2 of 2

**Darryl's Quality Painting, Inc.**  
134 Craig Street  
Milton, FL 32583  
(850) 626-1815  
981-0119

To Whom It May Concern:

I never received a renewal notice for my Corporation. I was going through a divorce during this past year and my x-wife might have thrown the papers away.

If any further information is needed please feel free to contact me.

Sincerely,

Darryl McGowin  
President

DM/lkm