PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

. APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P01000055874 DOCUMENT

ALWAYS PAINTING OF JACKSONVILLE, INC.

1. Corporation Name

Principal Place of Business

Mailing Address

11250-2 RUSINESS PARK RLVD -

- 41250-2-BUSINESS-PARK-BLVD-

REGISTERED AGENT MUST SIGN

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SUGULTARY OF STATE TALLAHASSEE, FLORIDA

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2. New Pri 1859 E Suite Act. Suite City & State Jackso Zip 322	ncipal Office Address, If Applicable Adams Street #. etc. #2 nville, FL Country USA	3. New Maili 1859 E Suite, Apt. #, Suite # City & State Jackson Zip 32202	32202 USA			2. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 59-3733151 CERTIFICATE OF STATUS DESIRED XX S8.75 Additional Fee required for a Certificate of Status					
7. Names a	Name of Officers	orida nonprofit corporations must list at le Street Address of Eac			City / Chata / 7in						
1	2 and/or Directors			3 Officer and/or Director			4				
D	STRINGER, RON	RIZES E. Adams St., St			Sto #2	#2Jacksonville, FL32202_			ļ		
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Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent						
TRITT; FRANSON; ALDRIDGE; ET. AL.				Ronald A. Stringer							
865 MAY STREET				Street Address (P.O. Box Number is Not Acceptable) 7930 McLaurin							
	ONVILLE FL 32204			Si	ite, Apt. #, Etc		- 				
				Ci	ty Jackson	nville		State	Zip Code 32202		
10. I, being	appointed the registered agent of the a	·	oration, am f	amiliar with ar	nd accept the c	obligations of Secti	ion 607.0505, F.S. or 6	317.0505	F.S.		

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 filling 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

SIGNATURE:

Signature of Registered Agent

Date

10/17/03 Daytime Phone #

Date __ 10/17/03



ALWAYS PAINTING OF JACKSONVILLE, INC. 1859 East Adams Street

Jacksonville, FL 32202-1207 PHONE (904) 633-6007 FAX: (904) 633-6017

October 17, 2003

Glenda E. Hood Secretary of State Division of Corporations PO Box 6327 Tallahassee, FL 32314-6327

RE: Division of Corporations

Dear Ms. Hood:

Please find our check in the amount of \$158.75 (\$150.00 for UBR and \$8.75 for a Certificate of Status).

Always Painting of Jacksonville, Inc., moved at the end of December, 2002, to a new location and we have not been receiving our mail on time or at all if the address is incorrect (there are problems with the mail service in that area). We have tried to keep up with everything and notified everyone we could think of, unfortunately your office was not notified and our reports not forwarded. Thanks to the help of an old neighbor we received this Notice of Administrative Dissolution or Revocation in today's mail.

I would like to ask that you reinstate our corporation without penalty and have enclosed our check #10697. I have changed our Registered Agent to my own name, using my home address so that any future mail will not be misdirected.

We have entered your name and address on our calendars so that we will be looking for our 2004 annual report/uniform business report to arrive via mail. If you would like to contact us by e-mail I have set up an address on-line:

AlwaysPainting01@aol.com

Thanking you in advance for your consideration, if there is any other information you require please let us hear from you.

Regards.

Ronald A. Stringer

President