

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 15 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000066938

1. Corporation Name

BRIAN'S PAINTING AND WALL PAPERING, INC.

Principal Place of Business

Mailing Address

~~1505 SE 20TH PLACE~~  
CAPE CORAL FL 33990

~~1505 SE 20TH PLACE~~  
CAPE CORAL FL 33990

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

2. New Principal Office Address, If Applicable

~~1209 SE 6TH ST.~~  
Suite, Apt. #, etc.  
~~Cape Coral, FL~~  
City & State

3. New Mailing Office Address, If Applicable

~~1209 SE 6TH ST.~~  
Suite, Apt. #, etc.  
~~Cape Coral, FL~~  
City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

07/02/2001

5. FEI Number

651125811

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GALVIN, BRIAN D	<del>1505 SE 20TH PLACE</del> <del>1209 SE 6TH ST.</del>	CAPE CORAL FL 33990
VSTD	GALVIN, SHIRLEY J	<del>1505 SE 20TH PLACE</del>	CAPE CORAL FL 33990

900009023709  
11/15/02--01060--012 \*\*150.00

8. Name and Address of Current Registered Agent

GALVIN, BRIAN D  
~~1505 SE 20TH PLACE~~  
CAPE CORAL FL 33990

9. Name and Address of New Registered Agent

Name

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

~~1209 SE 6TH ST.~~  
Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

CR2040 (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

*Brian Galvin*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-12-02

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:

*Brian Galvin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-02

Date

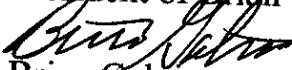
Daytime Phone #

941-560-9602

To: Dept of State

I'm writing this letter looking for a little leniency on getting my business reinstated. We just started this business less than a year ago and started with a company that helped small business like us get started and they were supposed to take care of all the corporation paper work. My wife found that they went out of business and then my wife was going to start taking care of all the paper work. We ended up going through a divorce in February and then from there on I never received any paper work talking about renewal of corporations. The notice from "administrative dissolution or revocation" notice I just received the other day from my X wife, and even that went to the wrong address. I do not want to dissolve the corporation and I will be doing the paper work myself from here on in. I'm asking that the Dept. of State to please waive the reinstatement fee of \$600 and please accept the \$150.00 and please reinstate my business. I am sorry for all the confusion that this has caused.

Thank you very much for your help  
President of Brian's Painting & Wallpapering Inc.

  
Brian Galvin