PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P01000076664 **DOCUMENT #**

1. Corporation Name

MIKE LENTZ PAINTING, INC.

Principal Place of Business

Mailing Address

FILED

03 APR 14 AM 9: 25

SECRETARY OF STATE TALLAHASSEE. FLORIDA



998 CROSLEY DR. DUNEDIN FL 34698			998 CROSLEY DR. DUNEDIN FL 34698						
If above a	ddresses are	incorrect in any way, line th	rough incorrect is	nformation a	and enter correction below				
If above addresses are incorrect in any way, line through incorrect information 2. New Principal Office Address, If Applicable 3. New Mailing Office					Office Address, If Applicable 4. Da		orated or Qualified		
Suite, Apt. #, etc.				Apt. #, etc.		To Do Business in Florida 08/03/2001			
				The state of the s			5. FEI Number Applied For		
City & State		City & State	City & State ,			-3/3/9	Not Applicable		
Zip		Country	Zip		Country	6. CERTIFICATI	E OF STATUS DESIRED S	8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Ad	dresses of Each Officer and	/or Director (Flo	rida nonpro	fit corporations must list at le	ast 3 directors)			
Title(s) Name of Officers and/or Directors				3	Street Address of Eacl Officer and/or Directo				
D	LENTZ, MIKE			998 CROSLEY DR.			DUNEDIN FL 34698		
				-		_ , ,			
	1			ļ					
	II								
									
							400015748434 04/11/0301031007 **158.75		
8. Name and Address of Current Registered Agent						9. Name and	9. Name and Address of New Registered Agent		
Name							Marine Carried Control of the Contro		
	ACE, WILLI LINCOLN				Street Address (Street Address (P.O. Box Number is Not Acceptable)			
CLEARWATER FL					Suite, Apt. #, Etc	· · · · · · · · · · · · · · · · · · ·			
					City		Sta	te Zip Code	
10. I, being	appointed th	e registered agent of the ab	ove named corpo	oration, am 1	familiar with and accept the o	bligations of Sect	ion 607.0505, F.S. or 617.05	05, F.S.	
Signature of Registered Agent Date 13-03 REGISTERED AGENT MUST SIGN									
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR