

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -2 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000087366

1. Corporation Name

Shivers Painting + waterproofing INC

2. Principal Office Address

18822 CR 2054

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1034

Suite, Apt. #, etc.

City & State

Alachua, FL

City & State

Alachua, Florida

Zip

32615

Country

Alachua

Zip

32616

Country

Alachua

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-4-01

5. FEI Number

59-3746818

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

James D. Shivers

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

18822 CR 2054

Suite, Apt. #, Etc.

City

Alachua

State

FL

Zip Code

32615

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

James D. Shivers

REGISTERED AGENT MUST SIGN

Date 4-28-05

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
Pres	James D. Shivers	18822 CR 2054	Alachua, FL 32615
Sec Treas	Robert D. Shivers	977 E SR 235	LaCross, FL 32624

10. 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: James D. Shivers James D. Shivers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05

Date

(386) 418-3664

Daytime Phone #

CR2E081 (01/05)