

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000087480

1. Entity Name
JOHNS QUALITY DECORATING, INC.



FILED

04 DEC 15 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4650 TURNBERRY LK DR
#303
ESTERO, FL 33928

Mailing Address
4650 TURNBERRY LK DR
#303
ESTERO, FL 33928



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
20940 Island Sound Cr #106

Suite, Apt. #, etc.
20940 Island Sound Cr #106

12092004 REIN-P CR2E098 (6/04)

City & State
Estero FL
Zip
33928
Country
US

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Estero, FL
Zip
33928
Country
US

4. FEI Number
59-3751372
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUTHER, JOHN R
4650 TURN BERRY LAKE DR
#303
ESTERO, FL 33928

Name
Street Address (P.O. Box Number is Not Acceptable)
20940 Island Sound Cr #106
City Estero FL Zip Code 33928

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John R Luther John R Luther 12/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LUTHER, JOAN R
STREET ADDRESS 4650 TURN BERRY LAKE DR #303
CITY-ST-ZIP ESTERO, FL 33928 ☐ Delete

TITLE P
NAME LUTHER, JOHN R
STREET ADDRESS 20940 Island Sound Cr #106
CITY-ST-ZIP ESTERO, FL 33928 ☒ Change ☐ Addition

TITLE VP
NAME LUTHER, KATHY
STREET ADDRESS 4650 TURN BERRY LAKE DR #303
CITY-ST-ZIP ESTERO, FL 33928 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE John R Luther John R Luther 12/13/04 234-269-5789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT

12/15