

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 -4 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000098484

1. Corporation Name

PALETTE PAINTING INC.

Principal Place of Business

704 SPRING LAKE DR.
DESTIN FL 32541

Mailing Address

704 SPRING LAKE DR.
DESTIN FL 32541

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2001

5. FEI Number

80-0016691

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	TAYLOR, STEWART E	704 SPRING LAKE DR.	DESTIN FL 32541
S	CUTTS, BRONDON L	1510 WEST PONDAROSA RD.	FORT WALTON BEACH FL 32457
S	HARRIS, Matthew W	3588 Grand Oaks Way	Destin, FL 32541
T	Ortiz, Tom M	411 Edge Ave	Valparaiso, FL 32580

8. Name and Address of Current Registered Agent

TAYLOR, RUTH D MS
704 SPRING LAKE DR.
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stewart Taylor Pres.

Date

Daytime Phone #

10/25 (850) 259 4274

CR2E040 (8/02)

October 25, 2002

To whom it may concern,

My name is Stewart Taylor. I formed Palette Painting Inc. a year ago. I was not aware of any 2002 annual reports/uniform business reports due so soon, nor did I receive any notices informing me of such. Please forgive my ignorance in such matters for I am learning as I go. I have filled out the application for reinstatement as requested and have included a check for \$150.00. I apologize for the delay.

Sincerely,

Stewart Taylor, President

Palette Painting Inc.