


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P01000098741**

1. Corporation Name  
**ALL AREA PAINTING AND WATERPROOFING, INC.**

Principal Place of Business <b>1537 PARTRIDGE STREET Blvd. CRYSTAL SPRINGS FL 33524 Zephyrhills FL 33540</b>	Mailing Address <b>PO BOX 874 CRYSTAL SPRINGS FL 33524</b>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>1537 Partridge Blvd.</b>	3. New Mailing Office Address, If Applicable <b>P.O. Box 874</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Zephyrhills, FL</b>	City & State <b>Crystal Spgs, FL</b>
Zip <b>33540</b>	Zip <b>33524</b>
Country	Country

FILED

05 JUN -7 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida <b>10/10/2001</b>
5. FEI Number <b>59-3748261</b>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WOODS, THOMAS D	1537 PARTRIDGE STREET Blvd.	CRYSTAL SPRINGS FL 33524
V	WOODS, STEVEN	1537 PARTRIDGE STREET Blvd.	CRYSTAL SPRINGS FL 33524
T/S	WOODS, PATTY	1537 PARTRIDGE STREET Blvd.	CRYSTAL SPRINGS FL 33524
			400056149834 06/14/05--01030-005 **450.00 <i>[Signature]</i>

8. Name and Address of Current Registered Agent <b>WOODS, THOMAS 1537 PARTRIDGE STREET CRYSTAL SPRINGS FL 33524</b>	9. Name and Address of New Registered Agent Name <b>Woods, Patty</b> Street Address (P.O. Box Number is Not Acceptable) <b>1537 Partridge Blvd.</b> Suite, Apt. #, Etc. City <b>Zephyrhills</b> State <b>FL</b> Zip Code <b>33540</b>
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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 *Patty Woods* REGISTERED AGENT MUST SIGN Date 5-31-05

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: *Patty Woods* / *Patty Woods* 5-31-05 813/782-7273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

**All Area Painting and  
Waterproofing, Inc.**

P.O. Box 874  
Crystal Spgs, FL 33524  
813/782-7273

May 31, 2005

**Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399**

Re: Document # P01000098741

Attn: REINSTATEMENT SECTION

Please accept this letter to request the reinstatement of All Area Painting and Waterproofing, Inc. The administration and officers of this corporation never intended to dissolve or close the business in the state of Florida.

All Area Painting and Waterproofing, Inc. did not receive its 2003 UBR notices or any bill charging Annual or Corporate Fees. We did receive and pay all the Tangible Property Tax Notices.

We would appreciate your assistance in returning this corporation to active status by accepting the enclosed payment of \$450.00 for UBR fees and waiving the reinstatement fee.

Sincerely,



Patty Woods  
Secretary/Treasurer