

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO1000107631

1. Corporation Name

Dave Johnson Painting Inc.

2. Principal Office Address

Trail

3. Mailing Office Address

PO Box 676

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Islamorada Fla

City & State

Tavernier Fla

Zip

33070

Country

Monroe

Zip

33070

Country

Monroe

**REINSTATEMENT**

02-03

000022790240

09/05/03--01040--002 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

2001

5. FEI Number

65-1152449

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

David L Johnson

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

149 Indian Mound Trail

Suite, Apt. #, Etc.

City

Islamorada

State

FL

Zip Code

33070

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

David L Johnson

REGISTERED AGENT MUST SIGN

Date Aug 30 03

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
PD	Dave L. Johnson	149 Indian Mound Trail	Islamorada, FL

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP -5 AM 8:00

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:

David L Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 31 03 305 852 8202

Date

Daytime Phone #

on Dave Johnson 9/10/03