

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 18 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

801-109691

1. Corporation Name

The Beauty of Paint, Inc.

300139138323
2/18/08--01031--018 * \$100.00

REINSTATEMENT 07-08

2. Principal Office Address - No P.O. Box #

339 Burnt Pine Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

339 Burnt Pine Dr.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

United States

City & State

Naples, FL

Zip

34119

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida 11/15/2001

5. FEI Number
52-2362548

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

Shelli Mehri

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

339 Burnt Pine Dr.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

12/17/08

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.	Shelli Mehri	339 Burnt Pine Dr.	Naples, FL 34119
VP	Lucia Shellito	339 Burnt Pine Dr.	Naples, FL 34119
Sec	Brad Shellito	339 Burnt Pine Dr.	Naples, FL 34119
Treas	Brad Shellito	339 Burnt Pine Dr.	Naples, FL 34119

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 contained in Chapter 119, 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:

SHELLI MEHRI, PRES

12/17/2008