

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000015793

1. Entity Name  
JOHN SALYERS JR. PAINTING INC.



FILED

04 NOV 23 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4133 S.W. 6TH PLACE  
CAPE CORAL, FL 33914

Mailing Address  
4133 S.W. 6TH PLACE  
CAPE CORAL, FL 33914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012004

REIN-P

CR2E098 (6/04)

4. FEI Number

01-0604318

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

SALYERS, TINA  
4133 S.W. 6TH PLACE  
CAPE CORAL, FL 33914

Name

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

City

FL

Zip Code

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

*Tina Salyers*

Tina Salyers

11-5-04

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SALYERS, JOHN JR. ☐ Delete  
STREET ADDRESS 4133 S.W. 6TH PLACE  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☐ Addition  
NAME 900042962829  
STREET ADDRESS 11/23/04--01048--008 \*\*758.75  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 E Salyers Jr*  
John E SALYERS JR

11-5-04

239-540-2016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #