

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000045334

1. Corporation Name

JOHN O. WILSON PAINTING, INC.

Principal Place of Business

Mailing Address

3624 NW 1ST TERRACE
CAPE CORAL FL 33993

3624 NW 1ST TERRACE
CAPE CORAL FL 33993

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2002

5. FEI Number

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
D	WILSON, JOHN O	3624 NW 1ST TERRACE	CAPE CORAL FL 33993
D	WILSON, CARRIE D	3624 NW 1ST TERRACE	CAPE CORAL FL 33993
D	WILSON, JOHN S	3624 NW 1ST TERRACE	CAPE CORAL FL 33993

200023908372
10/17/03 01062 010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILSON, JOHN O
3624 NW 1ST TERRACE
CAPE CORAL FL 33993

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARRIE D. WILSON

Date

Daytime Phone #

10/14/03 239-283-7459

CR2E040 (7/03)

JOHN O. WILSON PAINTING, INC.
3624 NW 1ST TERRACE
CAPE CORAL, FL 33993

October 14, 2003

Florida Department of State
Division of Corporations
P. O. box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find your application for reinstatement for the Document #P02000045334. Since this is the first year that I would have had to file this report I was not aware that I should have filed and paid the \$150.00 prior to May 1. During the time that I would have received these notices we were out of town and someone else was collecting our mail for us. Unfortunately, our mailbox was run over, and knocked down, and for weeks afterwards we were finding out about bills that we had never received.

I would not knowingly ignore something as important as this. At this time I am sending my check for \$150.00 and ask that the late fees be waived, we are a struggling business and any consideration that you can give us would be greatly appreciated.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Carrie D. Wilson', with a large, stylized loop at the end.

Carrie D. Wilson, Director