PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. e. Kinger FLORIDA DEPARTMENT OF STATE CORPORATION FILFD Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 04 AUG 18 PM 12: 44 DOCUMENT # P020000 50452 SECRETARCE AND ALL TE FLORIDA 1. Corporation Name SM PAINTING + WATER PROOFING, Thic. 2. Principal Office Address 3. Mailing Office Address RIVE 9710 BAHANA 9710 BAHAMA RIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. EEI Numbe Applied For -1-1-1-= 0Not Applicable Zic Country 6. \$8.75 Additional Fee requ CERTIFICATE OF STATUS DESIRED for a Certificate of State 7. Name and Address of Current Registered Agent Name LAYNE NER O. Box Number is Not Acceptable) Street Address (F Suite, Apt. #, Etc. City State Zip Code 189 MA Fl ろ 2 CR2E081 (01/04 8. I, being appointed the registered ag nt of the above na ned corporation n, am familiar with and accept the obligations of section 607.0505 or 617.050 Signature of **Registered Agent** Date REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Titles City / State / Zip Officers and/or Directors Officer and/or Director 97 RIVE FIAMI)E 83 200040780912 09/02/04--0104 <u>ntn</u> **908-75 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR