

\$1,058.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED AND FILED

05 APR -8 AM 9:44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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REINSTATEMENT 03-05

MRS

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD2000051508

1. Corporation Name
Rooster's Painting, Inc.

2. Principal Office Address 37331 Turner Drive		3. Mailing Office Address 37331 Turner Drive	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Umatilla, Florida		City & State Umatilla, Florida	
Zip 32784	Country US	Zip 32784	Country US

4. Date Incorporated or Qualified To Do Business in Florida
May 6, 2002

5. FEI Number 47-0870832
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
Andrea K Roberts

Street Address (P.O. Box Number is Not Acceptable)
C/O Clayton H. Blanchard, Jr., P.A.

Suite, Apt. #, Etc.
35 East Pinehurst Blvd.

City
Eustis

State
FL

Zip Code
32726

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 Andrea K Roberts Date 4-7-05

REGISTERED AGENT MUST SIGN

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	John A. Warneke	37331 Turner Drive	Umatilla, Florida 32784
STD	Andrea K Roberts	18441 Cayman St.	Eustis, Florida 32736

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: John A. Warneke John A. Warneke, President Date _____ 352-516-5168 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR