

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

04 FEB 16 AM 9:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000054818

1. Corporation Name

PROFESSIONAL PAINT CONTRACTORS, INC.

Principal Place of Business

Mailing Address

8108 BLUE MARLIN WAY
ORLANDO FL 32822

8108 BLUE MARLIN WAY
ORLANDO FL 32822

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

32822

FLA

32822

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/2002

5. FEI Number

0-1664419

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GRAY, JOHN	8108 BLUE MARLIN WAY	ORLANDO FL 32822
D	BURGER, TINA	8108 BLUE MARLIN WAY	ORLANDO FL 32822
D	HENRY, KEVIN	2306 WOODS EDGE CIRCLE	ORLANDO FL 32817
D	HENRY, CLAIRE	2306 WOODS EDGE CIRCLE	ORLANDO FL 32817
100029124901 02/20/04--01027--015 **900.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JOHN GRAY

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

8108 BLUE MARLIN WAY

Suite, Apt. #, Etc.

City

Orl

State

FL

Zip Code

32822

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]
REGISTERED AGENT MUST SIGN

Date

2-8-04

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

Date

Daytime Phone #

2-8-04

407-342-3225

CR2E040 (7/03)