

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000056230**

1. Corporation Name

TONY NELLIGAN PAINTING INC.

Principal Place of Business

Mailing Address

706 BEVERLY AVE
LARGO FL 33770

706 BEVERLY AVE
LARGO FL 33770

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.

& State

City & State

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/2002

5. FEI Number

03 044493

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	NELLIGAN, TONY	706 BEVERLY AVE	LARGO FL 33770

400023955454

10/20/03--01050--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NELLIGAN, TONY
706 BEVERLY AVE
LARGO FL 33770

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 REQUIRED

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-03

FILED

03 OCT 20 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

CR2E040 (7/03)

SECTY OF STATE OF FLORIDA
TALLAHASSEE FL

I NEVER RECEIVED MY CORPORATED ANNUAL REPORT FORM BUT DID RECEIVE A
DISSOLUTION FORM. ENCLOSED IS MY ORIGINAL 150.00 CANNOT UNDERSTAND WHY I
DID NOT RECEIVE THE ORIGINAL FORM. DON FEEL I SHOPULD PAY A PENALTY WHEN I DID
NOT GET THE FORM.


TONY NELLIGAN PAINTING INC.

10-17-03