

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 # P02000072840

1. Corporation Name

ALL PRO PAINTING CONTRACTORS OF THE TREASURE COA
ST INC.

Principal Place of Business

1013 SE Bywood Ave
752 SW PARKER AVE
PORT ST LUCIE FL 34983-83

Mailing Address

1013 SE Bywood Ave
752 SW PARKER AVE
PORT ST LUCIE FL 34983-83

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

2. New Principal Office Address, If Applicable

1013 SE Bywood Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME
Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL.

City & State

Zip

34983

Country

ST. LUCIE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2002

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	BRAZILL, JOSEPH R	752 SW PARKER AVE 1013 SE Bywood Ave	PORT ST LUCIE FL 34983

600026639816
01/12/04--01004--015 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRAZILL, JOSEPH R

752 SW PARKER AVE 1013 SE Bywood Ave
PORT ST LUCIE FL 34983

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 OF REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date 11/01/03

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

11/01/03

Date

772-873-2241

Daytime Phone #

CR2E040 (7/03)