


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

05 JUL -5 AM 11:11

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P02000092433

1. Corporation Name

JAMES DAVIS PAINTING, INC

2. Principal Office Address

10125 West Oakland Park Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Zip

33351

Country

USA

Zip

Country

RA

REINSTATEMENT 03-05

NOT

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2002

5. FEI Number

51-0429437

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

JAMES DAVIS

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

10125 West Oakland Park Blvd

Suite, Apt. #, Etc.

306

City

Sunrise

State

FL

Zip Code

33351

500056526365

06/27/05--01004--021 **450.00

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

James Davis
REGISTERED AGENT MUST SIGN

Date

6/21/05

CR2E081 (01/05)

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
P	James Davis	10125 West Oakland Park Blvd, # 306	Sunrise, FL 33351

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:

James Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/21/05

Daytime Phone #

954.234.0604

SOS

JAMES DAVIS PAINTING, INC
10125 WEST OAKLAND PARK BLVD
SUNRISE, FL 33351

June 21, 2005

Department of Statement
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a reinstatement form for the corporation JAMES DAVIS PAINTING, INC, Document Number P02000092433. The corporation never received the 2003 Annual letter; therefore, I am requesting that fee reinstatement fee be waived. If you have any further questions, please do not hesitate to contact me at 954-234-0604.

Thank You,



James Davis