## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
<b>REINSTATEMEN</b>



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # P02000098589

1. Corporation Name

SIGNATURE:

CULLEN CUSTOM PAINTING INC.

FILED

03 NOV -4 PM 3: 20

SECRETARY OF STATE FALLAHASSEE, FLORIDA

- Principal F	Place of Business	Mailing Add	ress			. = -		
14005 SUNRISE LANE 14005 SUNRISE SOUTHPORT FL 32409 SOUTHPORT			RISE LANE					
. If above addresses are incorrect in any way, line through incorrect information and enter correction below.					RFI	NSTATEME	NT or _	
			ling Office Address, If Applicable		4. Date Incorp	orated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #			t etc		To Do Busii	anno in Elecido	0/2002	
Suite, Apt. #			·		5. FEI Numbe	AUGRAT	Applied For	
City & State City & State					× 30	1-0149807	Not Applicable	
Zip Country Zip		Zip	Country		6. CERTIFICATE	OF STATUS DESIRED S8.75	Additional Fee required a Certificate of Status	
7. Names	and Street Addresses of Each Officer	and/or Director (Flo	orida nonpro	fit corporations must list at lea	ast 3 directoms)	NN2439434	<u>1</u>	
Title(s)	Name of Officers			Street Address of Each Officer and/or Director		0301011010, **	* <u>1</u> 50.00	
D	CULLEN, CHRISTOPHER M			14005 SUNRISE LANE		SOUTHPORT FL 32409		
•					400024394344 11/04/0301011011 ***8.75			
X			Me previous Notice					
				received of please				
				reinstate		= Yhank-you		
Mamaware now this is to be re-newed yearly and should								
	8. Name and Address of Curr	ent Registered Ag	ent Op	trotice.	9. Name and	ddress of New Registered Ag	ent	
Name Name							(2)	
CULLEN, CHRISTOPHER M 14005 SUNRISE LANE			Street Address (P.O. Box Number is Not Acceptable)			CR2EQ40 (7)03		
SOUTHPORT FL 32409				Suite, Apt. #, Etc.				
				City		State FL	Zip Code	
10. I, being	g appointed the registered agent of the	above named corp	oration, am f	familiar with and accept the ot	oligations of Secti		=.S.	
Signature o		REGISTERED AG	(in)	SIGN		Date	0-03	
this rein	that I am an officer or director or the instatement application, the reason for yith corporation have been paid and	eceiver or trustee ei dissolution has beer	mpowered to	execute this application as p the corporate name satisfies	the requirements	of section 607.0401 or 617.0401	, F.S., that all fees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Cullen Custom Painting Inc. 14005 Sunrise Lane Southport, Fl.32409

October 24, 2003

To whom it may concern:

This letter is requesting reinstatement fee to be waived due to the fact of not receiving the prior notices of renewal. I have had a problem receiving mail that has been corrected through the postal service.

Enclosed is a completed application for reinstatement and the UBR fee of \$150.00.

I appreciate your understanding of the matter and will assure you of renewal in a timely manner next year.

Sincerely,

Christopher M. Cullen