


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 # P02000102466


1. Corporation Name
BILL'S PAINTING AND PRESSURE WASHING, INC.

Principal Place of Business	Mailing Address
501 FIRST ST TAVARES FL 32778	501 FIRST ST TAVARES FL 32778

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

FILED
 04 JAN -2 PM 2:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 03



02/07/03 9077 027 150.00

4. Date Incorporated or Qualified To Do Business in Florida: **09/23/2002**

5. FEI Number: **593636751** Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LIMA, WILLIAM R	501 FIRST ST	TAVARES FL 32778


8. Name and Address of Current Registered Agent

LIMA, WILLIAM R-
 501 FIRST ST
 TAVARES FL 32778

9. Name and Address of New Registered Agent

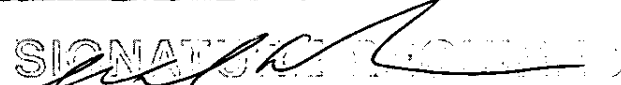
Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **502 First St**
 Suite, Apt. #, Etc.: _____
 City: _____ State: **FL** Zip Code: _____

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:  Date: **Oct 12 03**

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:  Date: **Oct 12 03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)