

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 10 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0200011491

1. Corporation Name

GARY GREENE Painting, INC.

2. Principal Office Address

6034 westwood Rd. South

Suite, Apt. #, etc.

clay Hill FL.

City & State

Zip

32068

Country

clay

3. Mailing Office Address

POB 1327

Suite, Apt. #, etc.

City & State

Orange Park FL.

Zip

32067

Country

clay

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct 24, 2002

5. FEI Number

04-3739566

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

GARY GREENE

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

6034 westwood Rd South

Suite, Apt. #, Etc.

400030317504

03/11/04--01063--005 \*\*300.00

City

Orange Park

State

FL

Zip Code

32068

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

GARY GREENE  
REGISTERED AGENT MUST SIGN

Date 3-10-04

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/O	GARY GREENE	6034 westwood Rd South	clay Hill FL 32068

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:

GARY GREENE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04

Date

449-2004

Daytime Phone #

CR2E081 (10/02)