

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 24 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900024243249

10/29/03--01015--010 \*\*750.00

DOCUMENT # P02000115163

1. Corporation Name VST Painting & Repairs, Inc.

2. Principal Office Address

204 Argyle Church Rd

Suite, Apt. #, etc.

3. Mailing Office Address

204 Argyle Church Rd.

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

City & State

DeFuniak Spgs, FL

Zip

32433

Country

USA

Zip

32433

Country

USA

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/02

5. FEI Number

14-1853932

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

Scott Johnson

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

204 Argyle Church Rd.

Suite, Apt. #, Etc.

City

DeFuniak Spgs.

State

FL

Zip Code

32433

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/23/03

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
PD	Scott Johnson	204 Argyle Church Rd. DeFuniak Spgs. FL 32433	DeFuniak Spgs, FL 32433
VD	Kim Teal	204 Argyle Church Rd.	DeFuniak Spgs. FL 32433

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03 (850) 267-2121

Date

Daytime Phone #

CR2E081 (10/02)

2K