### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

#### P02000132665 DOCUMENT #

1. Corporation Name

NORM'S PAINTING, INC.

Principal Place of Business

Mailing Address

3010 W. KEVIN ROAD AVON PARK FL 33825 3010 W. KEVIN ROAD

AVON PARK FL 33825

New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable				
Suite, Apt. #, etc.	•	Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT	03

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Suite, Apt. #, etc. Suite, Apt. #		Information and enter correction below.		Date Incorporated or Qualified     To Do Business in Florida     10/15/2000			
		Suite, Apt. #	re, Apt. #, etc. y & State		5. FEI Number Applied For Not Applicable		
		City & State					
Zip	Country	Zip		Country	6. CERTIFICATI		ional Fee required ificate of Status
7. Names	and Street Addresses of Each Officer and	d/or Director (Flo	rida nonprofi	it corporations must list at le	ast 3 directors)		
Title(s)			Street Address of Each Officer and/or Director		City / State / Zip		
D	ELLIOTT, NORMAN J III		3010 W. KEVIN ROAD		AVON PARK FL 33825		
D	ELLIOTT, CATHERINE C		3010 W. KEVIN ROAD		AVON PARK FL 33825		
D	D ELLIOTT, NORMAN J IV		3010 W. KEVIN ROAD		AVON PARK FL 33825		
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					20	)0024249662 <del>/03-01035-007-**1</del> 3	9-00
					10725	ho0100000! **to	,.00
	8. Name and Address of Curren	t Registered Ag	ent		9. Name and Address of New Registered Agent		
				Name	Name		
GOSSETT, GARY R JR. GOSSETT LAW OFFICES, P.A. 2221 U.S. 27 SOUTH SEBRING FL 33870				Street Address (P.O. Box Number		is Not Acceptable)	
			Suite, Apt. #, Etc.				
			_	City State Zip		ode	
10. I, being	appointed the registered agent of the at	oove named corp	oration, am fa	amiliar with and accept the o	obligations of Sect		
Signature o	of . Agent Darry K		ner			Date	03

REGISTERED AGENT MUST SIKN

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 filling 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:

# Norm's Painting

3010 W. Kevin Rd. Avon Park, Fl 33825 ........(863).441-4557 (863) 453-4841

October 19, 2003

To Whom It May Concern:

Last week I received a notice via mail that Norm's Painting, INC was dissolved for failure to file its 2003 corporation annual report. I am writing this letter to ask for fees to be waived on the basis we never received notice to file such a form. As a new corporation we were not aware of this law. After calling an associate from the Division of Corporations I was told to write this letter and fill out the application for reinstatement. Enclosed are the application and a check to cover the annual report fee as well as the corporate supplemental fee.

Thank you,

Norman Elliott Treasurer

Norm's Painting, INC