

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JAN 29 PM 1:23

DOCUMENT # 803000002042

1. Corporation Name

Timmons painting Inc.

2. Principal Office Address - No P.O. Box #

2148 N Highlands Blvd

Suite, Apt. #, etc.

AVON PARK, FL

City & State

Zip

33825

Country

America

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

Sept 02

5. FEI Number

810569091

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

Dwayne Timmons

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

2148 N Highlands Blvd

Suite, Apt. #, Etc.

City

AVON PARK, FL

State

FL

Zip Code

33825

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

Dwayne Timmons

REGISTERED AGENT MUST SIGN

Date 1-8-09

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
<u>owner</u>	<u>DWAYNE TIMMONS</u>	<u>2148 N Highlands Blvd</u>	<u>AVON PARK, FL 33825</u>

100142348671  
01/29/09--01005--002 \*\*450.00

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 contained in Chapter 119, 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:

Dwayne Timmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-8-09 (863)

Daytime Phone #

443  
450-2866

REINSTATEMENT 07-09K5