

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC -5 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000122359

1. Corporation Name  
Victor Hawkins Paint, Inc.  
Victor Hawkins Painting  
Inc.

2. Principal Office Address  
1636 Saponic ave  
Suite, Apt. #, etc.

3. Mailing Office Address  
1636 Saponic ave  
Suite, Apt. #, etc.

City & State  
Sarasota fl.

City & State  
Sarasota fl

Zip Country  
34243 Sarasota

Zip Country  
34243 Sarasota

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number 40-019084  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 Victor Hawkins Paint 000061524090  
11/17/05--01050--022 \*\*608.75

Street Address (P.O. Box Number is Not Acceptable)  
1636 Saponic ave 000061524090

Suite, Apt. #, Etc. 12/05/05--01061--016 \*\*150.00  
10/11/04 01013 020 150.00

City Sarasota State FL Zip Code 34243

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 Victor Hawkins Date 12-2-5  
REGISTERED AGENT MUST SIGN

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
Pres.	Victor Hawkins	1636 Saponic ave	Sarasota fl. 34243

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: Victor Hawkins 11-12-5 448 3758  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #