

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000124592

1. Entity Name  
FLORLANDO PAINTING, INC.



Principal Place of Business  
655 LAKE MILLS RD.  
CHULUOTA, FL 32766

Mailing Address  
655 LAKE MILLS RD.  
CHULUOTA, FL 32766

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10202004

REIN-P

CR2E098 (6/04)

4. FEI Number

11-3107453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EAKMAN, ROBIN W  
655 LAKE MILLS RD.  
CHULUOTA, FL 32766

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAKMAN, ROBIN 655 LAKE MILLS RD. CHULUOTA, FL 32766 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAKMAN, ANGELA E 655 LAKE MILLS RD. CHULUOTA, FL 32766 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042164228 10/25/04--01081--012 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-04

Date

(407)977-5184

Daytime Phone #

FILED

04 OCT 25 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Florlando Painting, Inc.  
655 Lake Mills Rd.  
Chuluota, FL 32766

October 20, 2004

Division of Corporations  
P.O. Box 6317  
Tallahassee, FL 32314

Gentlemen:

Enclosed please find a completed 2004 For Profit Corporation Reinstatement Form for Florlando Painting, Inc, along with our check in the amount of \$150.00.

I am requesting waiver of late filing fees in the amount of \$600.00. Yesterday I received my first and only notice that such annual filing fee was due.

Thank you for your cooperation in this matter.

Very truly yours,



Robin Eakman  
President / Registered Agent

RE:lc

Enclosures: 2004 for Profit Corporation Reinstatement Form  
Check in the amount of \$150.00