

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000124865

1. Entity Name
HOOK N' LADDER PAINTING, INC.



FILED

06 MAR 28 AM 9:33

FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02272006 REIN-P CR2E098 (11/05) 05-06

Principal Place of Business
2468 N OCEANSHORE BLVD
FLAGLER BEACH, FL 32136

Mailing Address
2468 N OCEANSHORE BLVD
FLAGLER BEACH, FL 32136

*5 Kanawha Ct
Palm Coast FL 32164*

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
43-2035106

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHECTER, RANDAL L ESQ
175 W GRANADA BLVD SUITE 201
ORMOND BEACH, FL 32174-6362

7. Name and Address of New Registered Agent
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 \$900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PHILLIPS, JASON 2468 N OCEANSHORE BLVD FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200069550802 04/05/06--01042--022 ***300.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Phillips Jason 5 Kanawha Ct Palm Coast FL 32164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/24/04 Daytime Phone #: 386-931-5185

3/23/06

To Whom it may concern,

Enclosed is the annual report payment for 2005 and 2006. We did not receive a notice last year for the 2005 payment due. It would be greatly appreciated if the reinstatement fee was waved for 2005.

Thank you for your time and consideration,
Hook n' ladder painting inc.


Melissa Phillips