

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000126629

1. Entity Name  
DAN SHEFFLER PAINTING, INC.



Principal Place of Business  
1258 BARRETT ROAD  
N. FORT MYERS, FL 33903

Mailing Address  
1258 BARRETT ROAD  
N. FORT MYERS, FL 33903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032005 REIN-P CR2E098 (6/04)

4. FEI Number

45-0534288

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

SHEFFLER, DANIEL  
1258 BARRETT ROAD  
N. FORT MYERS, FL 33903

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

*Daniel Sheffler*

(NOTE: Registered Agent signature required when reinstating)

2-3-05

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SHEFFLER, DANIEL  
STREET ADDRESS 1258 BARRETT ROAD  
CITY-ST-ZIP N. FORT MYERS, FL 33903

☐ Delete

TITLE  
NAME 100046901691  
STREET ADDRESS 02/21/05--01010--006  
CITY-ST-ZIP \*\*\$900.00

☐ Change

☐ Addition

TITLE V  
NAME SHEFFLER, ARLENE  
STREET ADDRESS 1258 BARRETT ROAD  
CITY-ST-ZIP N. FORT MYERS, FL 33903

☐ Delete

TITLE  
NAME 100046901691  
STREET ADDRESS 02/21/05--01010--007  
CITY-ST-ZIP \*\*\$8.75

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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: DANIEL SHEFFLER

*Daniel Sheffler*

2-3-05

DATE

239-995-0708

DAYTIME PHONE #