

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000127326

1. Corporation Name

RANDY WEST FULL HOUSE PAINTING
& DESIGN, INC

2. Principal Office Address

3302 GREAT NECK ST

Suite, Apt. #, etc.

3. Mailing Office Address

3302 GREAT NECK ST

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

Zip

33952

Country

CHARLOTTE.

City & State

PORT CHARLOTTE, FL

Zip

33952

Country

CHARLOTTE

REINSTATEMENT 05-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/2003

5. FEI Number

200366301

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

RANDY WEST

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

3302 GREAT NECK ST

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33952

200080271932
09/29/06--01005--010 ***30.00

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

Randy West

REGISTERED AGENT MUST SIGN

Date

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
P	RANDALL S WEST	3302 GREAT NECK ST	PORT CHARLOTTE, FL 33952
S	CORNELIA JOHNSON	3302 GREAT NECK ST	PORT CHARLOTTE, FL 33952

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:

Randy West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #