

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 MAR 29 PM 3: 37

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03600130321

1. Corporation Name

ELVIS THOMPSON PAINTING & DESIGNS, INC

2. Principal Office Address - No P.O. Box #

1909 NE 26 DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

1909 NE 26 DRIVE

Suite, Apt. #, etc.

City & State

WILTON MANORS, FLA

Zip

33306

Country

USA

City & State

WILTON MANORS, FLA

Zip

33306

Country

USA

**REINSTATEMENT 05-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

11.10.2003

5. FEI Number

200405282

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

ELVIS THOMPSON

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

1909 NE 26 DRIVE

Suite, Apt. #, Etc.

City

WILTON MANORS

State

FL

Zip Code

33306



The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Elvis Thompson*

REGISTERED AGENT MUST SIGN

Date 3.26.2007

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
D	ELVIS THOMPSON	1909 NE 26 DRIVE	WILTON MANOR FL 33306
			300096001463 04/08/07--01043--017 **450.00
	<i>8/24/13</i>		

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:

*Elvis Thompson* ELVISA THOMPSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.26.2007

Date

Daytime Phone #

954  
448-0352