

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 DEC -5 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000133016

**1. Corporation Name**

Painting Plus of N.W. Florida, Inc.

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

731 Edge St.

Suite, Apt. #, etc.

#6

City & State

Ft. Walton Bch, FL

Zip

32547

Country

USA

**3. Mailing Office Address**

731 Edge ST.

Suite, Apt. #, etc.

#6

City & State

Ft. Walton Bch, FL

Zip

32547

Country

USA

**REINSTATEMENT**

CR2E081 (1/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/17/2003

**5. FEI Number**

56-2417499

☒

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

Tim Hendrix

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

731 Edge ST.

Suite, Apt. #, Etc.

#6

City

Ft. Walton Bch, FL

State

FL

Zip Code

32547

☒

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

*Tim Hendrix*

REGISTERED AGENT MUST SIGN

Date 29 Oct 07

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|--------|--------------------------------------|---|--------------------------|
| PRES.  | Tim Hendrix                          | 731 Edge St. #6                                   | Ft. Walton Bch, FL 32547 |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |

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**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:**

*Tim Hendrix*

Tim Hendrix

29 Oct 07

850-240-0278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

nc 12/06