

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000139062

1. Entity Name
SHAWN HALLS PAINTING INC



05 NOV 18 PM 4:07

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3224 VARNELL DR
Tallahassee, FL 32309

Mailing Address
3224 VARNELL DR
Tallahassee, FL 32309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2005

4. FEI Number
20-0425116

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

BENFIELD, RON
58 SIOUX CIR.
HAVANA, FL 32333

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

Ron Benfield Ron Benfield Incorporator 11/7/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P HALL, SHAWN ☐ Delete
STREET ADDRESS
2626 E PARK AVE #7107
CITY-ST-ZIP
TALLAHASSEE, FL 32301

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
V HALL, CHRISTIN ☐ Delete
STREET ADDRESS
2626 E PARK AVE #7107
CITY-ST-ZIP
TALLAHASSEE, FL 32301

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
S PATTERSON, MARVIN ☐ Delete
STREET ADDRESS
2626 E. PARK AVE. #7107
CITY-ST-ZIP
TALLAHASSEE, FL 32301

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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☐ Change ☐ Addition
STREET ADDRESS
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☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 empowerment.

SIGNATURE:

Shawn P. Hall SHAWN P. HALL 11/7/05 443-1301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #