

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN -7 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000140303

1. Corporation Name

TAYLOR PRO PAINTING, INC

REINSTATEMENT 07-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 3841 REDS GAIT LANE		3. Mailing Office Address 3841 REDS GAIT LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32223	Country DUVAL	Zip 32223	Country DUVAL

4. Date Incorporated or Qualified To Do Business in Florida 11-17-2003	
5. FEI Number 55-0851831	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name BERTHA LEE HOWZE		
Street Address (P.O. Box Number is Not Acceptable) 1272 W 20TH STREET		
Suite, Apt. #, Etc.		
City JACKSONVILLE	State FL	Zip Code 32209

☒ 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

Bertha Lee Howze

REGISTERED AGENT MUST SIGN

Date 1/5/08

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
PRES	NORRIS TAYLOR	3841 REDS GAIL LANE	JACKSONVILLE, FL 32223

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10. I certify that I am an officer or director of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-09

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