

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000142949

1. Corporation Name

GERARD SHIELDS PAINTING INC

GERARD Shields

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

GERARD SHIELDS

Suite, Apt. #, etc.

#102

709 SW 75TH ST

City & State

GAINESVILLE FL

Zip

32607

Country

ALACHUA

3. Mailing Office Address

709 SW 75TH ST

Suite, Apt. #, etc.

#102

City & State

GAINESVILLE FL

Zip

32607

Country

ALACHUA

7. Name and Address of Current Registered Agent

Name

GERARD SHIELDS

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

709 SW 75TH ST #102

Suite, Apt. #, Etc.

GAINESVILLE

City

State

FL

Zip Code

32607

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

Gerard Shields

REGISTERED AGENT MUST SIGN

Date 5/5/10

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

OWNER GERARD SHIELDS

709 SW 75TH ST  
APT 102

GAINESVILLE FL  
32607

10. E-mail Address:

CAVAN2@NETZERO.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Gerard Shields

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/5/10 5/5/10

Daytime Phone #

FILED

2010 MAY -7 A 9 10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600180564026  
05/07/10--01037--001 \*\*150.00

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2004

5. FEI Number

20-0385553

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.