

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000147679

1. Entity Name
NEAT IDEAS PAINTING, INC.



FILED

04 NOV -1 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3181 PHLOX DR
PALM HARBOR, FL 34684

Mailing Address
3181 PHLOX DR
PALM HARBOR, FL 34684



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10282004

REIN-P

CR2E098 (6/04)

City & State

City & State

4. FEI Number

30-0220641

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FERANCE, GREGORY J
3181 PHLOX DR
PALM HARBOR, FL 34684

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

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, 2005, 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 D ☐ Delete
NAME FERANCE, GREGORY J
STREET ADDRESS 3181 PHLOX DR
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE ☐ Change ☐ Addition
NAME 500042354415
STREET ADDRESS 11/01/04--01058--013 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-04