

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR -2 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000148027

1. Corporation Name

H. D. Jenkins Painting Inc

2. Principal Office Address - No P.O. Box #
1000 Bates Road

Suite, Apt. #, etc.

City & State
Haines City FL

Zip
33844

Country
USA

3. Mailing Office Address
1000 Bates Road

Suite, Apt. #, etc.

City & State
Haines City FL

Zip
33844

Country
USA

REINSTATEMENT

CR2E081 (1/07)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FFL Number
412118030

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
Larry D. Jenkins

Street Address (P.O. Box Number is Not Acceptable)
608 Claude Holmes Sr. Ave

Suite, Apt. #, Etc.

City
Haines City

State Zip Code
FL 33844

☒ 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

Larry D. Jenkins

REGISTERED AGENT MUST SIGN

Date **3/29/07**

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
P	Henry L. Jenkins	1000 Bates Road	Haines City FL 33844
VP	Larry D. Jenkins	608 Claude Holmes Sr. Ave	Haines City FL 33844
D	Larry J. Jenkins	604 N 3rd St.	Haines City FL 33844

800097220518
04/17/07--01039--025 **458.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry D. Jenkins 3/30/07 863-281-1022

4/4/07