

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000155796

1. Entity Name
AUSTIN PAINTING CO.



FILED

08 NOV -3 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1142 ALBION STREET NW
PALM BAY, FL 32907

Mailing Address
P.O. BOX 121356
WEST MELBOURNE, FL 32904

2. Principal Place of Business - No P.O. Box #
724 Samuel Chase Ln.

3. Mailing Address
P.O. Box 121356

Suite, Apt. #, etc.

10292008 REIN-P CR2E098 (1/07)

City & State
West Melbourne, FL

City & State
West Melbourne, FL

Zip
32904

Country
USA

Zip
32912

Country
USA

4. FEI Number
59-0930905

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, CHRISTOPHER J ESQUIRE
1311 BEDFORD DR
MELBOURNE, FL 32940

7. Name and Address of New Registered Agent

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, 2009, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
AUSTIN, WILLARD F
1142 ALBION STREET NW
PALM BAY, FL 32907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

600137581766
11/03/08--01072--005 **\$150.00

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

WILLARD F. AUSTIN Willard F Austin

Date

10/29/08

Daytime Phone #

321 243 4665

11/4