

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO4000003912

1. Corporation Name

DAVID SCALES PAINTING & REPAIR INC

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

4321 COLDSPRINGS DR

Suite, Apt. #, etc.

City & State

PENSACOLA

Zip

FL

Country

32514

3. Mailing Office Address

4321 COLDSPRINGS DR

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32514

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-04

5. FEI Number

20-0637417

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

DAVID L. SCALES

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

4321 COLDSPRINGS DR

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32514

☒ 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.

HAVE NEVER RECEIVED ANY NOTICES

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

David L. Scales

REGISTERED AGENT MUST SIGN

Date

1-30-07

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
<u>PRES.</u>	<u>DAVID L. SCALES</u>	<u>4321 COLDSPRINGS DR</u>	<u>PENSACOLA, FL 32514</u>
		<u>B2/1/07</u>	
		<u>REINSTATEMENT 05-07</u>	

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:

David L. Scales

DAVID L. SCALES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-30-07

Daytime Phone #

850-206-0348

FILED

2007 FEB -5 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000088285350

02/14/07--01010--007 **450.00

CR2E081 (1/07)

I NEVER HAVE RECEIVED
ANY NOTICES ABOUT ANNUAL
REPORTS. I WAS NOTIFIED
WHEN I WAS RENEWING
MY NC EXEMPTION.

TALKED TO BARBRA ON

1-3-07 8:40 AM AND

TOLD AMOUNT DUE AND
WHAT FORM. ENCLOSED

IS CHECK FOR 05, 06, 07
TO BE CORRECT AND

REINSTATEMENT FORM. THANK

YOU.

David Scales

DAVID SCALES -

DAVID SCALES PAINTING & REMODELING INC