

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000006129

1. Corporation Name

Debbie Swanson Painting, Inc.

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

5045 Barrington Cir.

Suite, Apt. #, etc.

City & State

Sarasota

Zip

34234

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified

To Do Business in Florida **01-01-2004**

5. FEI Number

010803404

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

Debbie Swanson

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

5045 Barrington Cir.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34234

☐ 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

Debbie Swanson

Date **01-28-2010**

REGISTERED AGENT MUST SIGN

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
President <i>P/ve/r/s</i>	Debbie Swanson	5045 Barrington Cir.	Sarasota, FL 34234
			M. MILLIGAN EXAMINER
			FEB 10 2010

10. E-mail Address: **dswan6965@comcast.net**

(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:

Debbie Swanson

Debbie Swanson

01-28-2010 941-544-8945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 FEB 10 PM 4:46

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

700167707227
02/01/10--01046--015 **750.00
CR2E081 (11/09)

REINSTATEMENT

700167707227
02/10/10--01032--010 **308.75