

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000013009

1. Corporation Name

The MASTERS Touch Wallpaper & PAINTING

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

5260 MACADAMIA CT

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

32818

Country

USA

3. Mailing Office Address

5260 Macadamia Ct

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

32818

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

JAN 16, 2009

5. FEI Number

710959554

☐ 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

HENRY A. VOLLEY

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

5260 MACADAMIA CT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32818

☒ 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

Henry A. Volley

REGISTERED AGENT MUST SIGN

Date

4/15/09

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 A VOLLEY	5260 MACADAMIA CT ORLANDO, FL 32818	ORLANDO, FL 32818
S	Sharon D. VOLLEY	5260 MACADAMIA CT	ORLANDO, FL 32818

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:

Sharon D. Volley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/09

Daytime Phone #

407
883-4049

FILED

09 APR 20 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/21/09--01022--026 **450.00

REINSTATEMENT 07-09