

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000014189

1. Entity Name
JERRY COLE PAINTING, INC.



FILED

08 OCT 15 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1829 TURNER ANDERSON ROAD
MONTICELLO, FL 32344

Mailing Address
1829 TURNER ANDERSON ROAD
MONTICELLO, FL 32344

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10152008 REIN-P CR2E098 (1/07)

4. FEI Number
57-1197452

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLE, JERRY
1829 TURNER ANDERSON ROAD
MONTICELLO, FL 32344

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 fee 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BAUTISTA, THEODORE
STREET ADDRESS 647 BROCK ROAD
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COLE, JERRY P
STREET ADDRESS 1829 TURNER ANDERSON RD.
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME METTS, KENNETH J II
STREET ADDRESS 1829 TURNER ANDERSON RD.
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE D ☐ Change ☒ Addition
NAME John W. McRae
STREET ADDRESS 234 N Forrest Dr
CITY-ST-ZIP Monticello FL 32344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME REINSTATEMENT 08
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 100136957 P91
STREET ADDRESS 10/16/08--01001--010
CITY-ST-ZIP **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Cole
Date

Daytime Phone #