

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -5 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900104228563
06/11/07--01061--003 **450.00

05-07

DOCUMENT # P04000018825

1. Corporation Name

R. Phillips Painting, INC

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

136 SUNWAY AVE
136 Dunwoody Ave
Suite, Apt. #, etc.

3. Mailing Office Address

136 SUNWAY AVE
136 Dunwoody Ave
Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34237

Country

Sarasota

Zip

34237

Country

Sarasota

REINSTATEMENT

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

2-24-04

5. FEI Number

05-0561994

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Robert Phillips
Street Address (P.O. Box Number is Not Acceptable)
136 Dunwoody Ave
Suite, Apt. #, Etc. SUNWAY

City Sarasota

State FL

Zip Code 34237

☒ 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 Robert Phillips

REGISTERED AGENT MUST SIGN

Date 5-10-07

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>President</u>	<u>Robert Phillips</u>	<u>136 SUNWAY AVE</u> <u>136 Dunwoody Ave</u>	<u>Sarasota FL 34237</u>
<u>Vice President</u>	<u>Robert Phillips</u>	<u>136 Dunwoody Ave</u>	<u>Sarasota FL 34237</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:

Robert Phillips Robert Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-07 941-
Date Daytime Phone # 400-6559

Robert Phillips

Q. Mitchell JUN 5 2007

May 10, 2007

2002

I Robert Phillips is requesting
the reinstatement Fee be Waived
I Did Not receive the annual
Report Notices, was MAILED
(Registered) TO AGENCY: DANIEL PREWETT/ACCT
5777 Beneva South
Sarasota, FL 34233
CLOSED NOV OR DEC 2007
NO LONGER IN
BUSINESS

Sign
Robert Phillips

DATE:
5-10-07