


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000045240			
1. Corporation Name LUTHER TAYLOR PAINTING , INC			
2. Principal Office Address - No P.O. Box # 1341 NW 52 ST Suite, Apt. #, etc		3. Mailing Office Address 1341 NW 52 ST Suite, Apt. #, etc	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33142	Country USA	Zip 33142	Country USA
7. Name and Address of Current Registered Agent Name LUTHER B TAYLOR Street Address (P.O. Box Number is Not Acceptable) 1341 NW 52 ST Suite, Apt. #, Etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/30/09--01047--011 **300.00 REINSTATEMENT 08-09 5. FEI Number 200859894 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City MIAMI		State FL Zip Code 33142	
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 <u><i>Luther Taylor</i></u> Date <u><i>Nov/12/2009</i></u> 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	LUTHER B TAYLOR	1341 NW 52 ST	MIAMI, FL 33142
10. E-mail Address: TAYLORSHIRL@AOL.COM (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: <u><i>Luther Taylor</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			