CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 23, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P04000052163

1. Corporation Name
Gladiator Painting Inc

REINSTATEMENT 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
3475 Chickasaw CR

Suite, Apt. #, etc.

City & State
Greenacres   FL

Zip 33467   Country PB

3. Mailing Office Address
3475 Chickasaw CR

Suite, Apt. #, etc.

City & State
Greenacres   FL

Zip 33467   Country PB

4. Date Incorporated or Qualified To Do Business in Florida 3-24-04

5. FEI Number 200911018   ☐ 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
Wayne Dixon

Street Address (P.O. Box Number is Not Acceptable)
3475 Chickasaw CR

Suite, Apt. #, Etc.

City
Greenacres   State FL   Zip Code 33467

☑ 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 Wayne Dixon
REGISTERED AGENT MUST SIGN

Date 10-19-2007

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
Pres	Wayne Dixon	3475 Chickasaw CR	Greenacres FL 33467
			0001114495409
			10/30/07--01033---016 **300.0

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: Wayne Dixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-07   Date

561-255-0663   Daytime Phone #