

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB 10 AM 11:26

DOCUMENT # **PO4000052574**

1. Corporation Name

NewLifeDesigns & Painting, Inc.

REINSTATEMENT *08-10* **KS**

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

38 W. Cocoanut Dr.

Suite, Apt. #, etc.

Suite # 1

City & State

Lake Worth, FL

Zip

33467

Country

USA.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

500168448719

02/10/10--01034--012 **1050.00
CR2E081 (11/09)

4. Date incorporated or Qualified To Do Business in Florida

03/25/2004

5. FEI Number

20-0932808

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 Grega

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

38 W. Cocoanut Dr.

Suite, Apt. #, Etc.

City

Lake Worth

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 807.0505 or 617.0503, F.S.

Signature of Registered Agent

Wayne Grega

REGISTERED AGENT MUST SIGN

Date

02/09/2010

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 Grega	38 W. Cocoanut Dr. Lake Worth, FL 33467	
V. Pres	Stephanie Ross	38 W. Cocoanut Dr. Lake Worth, FL 33467	

10. E-mail Address: ~~wabashdogg~~

wabashdogg@yahoo.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 807.0401 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:

Wayne Grega

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/2010

Date

Daytime Phone #