

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 JAN 30 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000084038

1. Corporation Name

Will Pellerin Painting Inc.

REINSTATEMENT 05-07

CR2E081 (1/07)

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

3 Pecan Course Track

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34472

Country

USA

3. Mailing Office Address

3 Pecan Course Track

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34472

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/27/2004

5. FEI Number

83-0398076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stacey Riggs

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

3 Pecan Course Track

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34472

☐ 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

Stacey Riggs

Date 1/26/2007

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
P/D	William Pellerin	3 Pecan Course Track	Ocala, FL 34472
VP/D	Dan Sinerson	2105 NE 38th Ave.	Ocala, FL 34470
S/D	Michael Wells	1617 SW 30th Court	Ocala, FL 34474

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02/02/07--01009--023 **450.00

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:

William Pellerin II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Pellerin II

Date

1/26/07 352-427-0873

Daytime Phone #

January 28, 2007

To: Department of State Reinstatement Section

I did not receive my annual report notices for 2005. I also am requesting a waiver of the reinstatement fee. I have enclosed my corporation reinstatement form along with the fees for the annual reports for 2005, 2006 & 2007.

Please contact Stacey Riggs with any issues regarding this paperwork as she will be handing all paperwork in the future. Her cell phone number is 352-553-3087.

Document Number P04000084038

Thank you,



William Pellerin II