

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 27 AM 9:31

DOCUMENT # **P04000133766**

1. Corporation Name

**PAXTOR PAINTING INC**

2. Principal Office Address

**9944 GARDEN EAST**

3. Mailing Office Address

**33410 DR. PALM BEACH FL**

Suite, Apt. #, etc.

**NA**

Suite, Apt. #, etc.

**NA**

City & State

**Palm Beach Gardens FL**

City & State

**same**

Zip

**33410**

Country

**Palm Bch**

Zip

**33410**

Country

**same**

**REINSTATEMENT**

**05**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**20-1677678**

☒ 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

**HENRY L. Paxtor**

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

**9944 Garden East Dr**

Suite, Apt. #, Etc.

City

**Palm Beach Gardens FL**

State

**FL**

Zip Code

**33410**

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

**Henry L. Paxtor**

REGISTERED AGENT MUST SIGN

Date **12-05-05**

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
<b>P</b>	<b>HENRY L. PAXTOR</b>	<b>9944 GARDEN EAST DR.</b>	<b>PALM BEACH GARDENS, FL 33410</b>
			<b>700062045427</b> <b>12/09/05--01049--005 **8.75</b>
			<b>700062045427</b> <b>12/09/05--01049--005 **750.00</b>
			<b>700062045427</b> <b>12/27/05--01003--007 **150.00</b>

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 under section 119.07(3)(i), 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:

**Henry L. Paxtor** HENRY L. PAXTOR

**12-05-05-6768247**

Date

Daytime Phone #

2/2

December 19, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

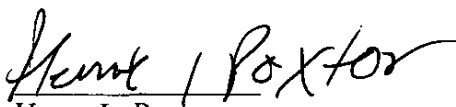
Re: PAXTOR PAINTING, INC.  
P04000133766  
Reinstatement

To Whom It May Concern:

Enclosed find check for \$150.00 to pay for the 2005 Annual Report. I never received the original notice and I did not know the Corporation had been dissolved.

I found out about this when I went to renew my occupational license and sent in check for \$758.75 which I was told to do so. I now have an accountant who is helping me and told me that if I had never received the renewal form that I could explain this and only have to pay the \$150.00. Please refund the check of \$758.75. THANK YOU.

Sincerely,

  
Henry L. Paxtor