

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000151743

1. Entity Name
SOLUTION PAINTING & COATING, INC



06 MAY 12 PM 7:59

Principal Place of Business
1105 DN SHOREVIEW
ENGLEWOOD, FL 34223 US

Mailing Address
1105 DN SHOREVIEW
ENGLEWOOD, FL 34223 US

2. Principal Place of Business

3. Mailing Address

18155 Lilac Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
New Caney, TX

Zip

Country

Zip
77357

Country
US



REINSTATEMENT

REIN-P

CR2E098 (11/05)

05-06

4. FEI Number

20-1844027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, CARLTON R
1105 DN SHOREVIEW
ENGLEWOOD, FL 34223

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME HENRY, CARLTON R ☐ Delete
STREET ADDRESS 1105 DN SHOREVIEW
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE ☐ Change ☐ Addition
NAME 500075267475
STREET ADDRESS 05/25/06--01014--008 **300.00
CITY-ST-ZIP

TITLE ST/D
NAME RUSSELL, CRISTOPHER H ☐ Delete
STREET ADDRESS 1105 DN SHOREVIEW
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #