

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JAN 18 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000154584**

1. Corporation Name

**EDMIR GJONI PAINTING, INC.**

**W07-963**

**400085844074**  
01/23/07--01021--003 \*\*150.00

2. Principal Office Address  
**13703 RICHMOND PARK DR.**

3. Mailing Office Address  
**13703 RICHMOND PARK DR.**

Suite, Apt. #, etc.  
**APT 2902**

Suite, Apt. #, etc.  
**APT 2902**

City & State  
**JACKSONVILLE, FL**

City & State  
**JACKSONVILLE, FL**

Zip Country  
**32224 U.S.**

Zip Country  
**32224 U.S.**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida **11/08/2004**

5. FEI Number  
**20-1895348**

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

**EDMIR GJONI**

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

**13703 RICHMOND PARK DR.**

Suite, Apt. #, Etc.

**APT. 2902**

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32224**

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

Date

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	EDMIR GJONI	13703 RICHMOND PARK DR. APT 2902	JACKSONVILLE, FL 32224
			K. Eckel JAN 19 2007

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:

*Edmir Gjoni*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/16/07*

Date

(904)

*686-5623*

Daytime Phone #

202

Friday, December 15, 2006

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

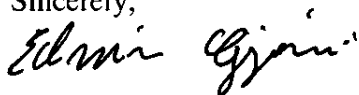
RE: Edmir Gjoni Painting, Inc  
EIN: 20-1895348  
Form: Annual Report

To Whom It May Concern:

Enclosed please find a copy of the reinstatement form for Edmir Gjoni Painting, Inc

Please note that I have not received notice to pay fees for the past two years for the filing of my annual report. Please waive the reinstatement fees of \$600. However, I have enclosed the annual report fees for two years totaling \$300.

Sincerely,



Edmir Gjoni, President