

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 17 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600111243146
10/23/07--01072--001 **300.00

REINSTATEMENT

06-07

CR2E081 (1/07)

DOCUMENT # P04000169199

1. Corporation Name

SAM PAINTING & MORE INC

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

3. Mailing Office Address

Suite, Apt. #, etc.

12441 Amard cove TR

Suite, Apt. #, etc.

12441 Amanda cove TR

City & State

Jax FL 32225

City & State

Jax FL

Zip

32225

Country

U.S.A

Zip

32225

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/04

5. FEI Number

☐ 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

Shamim yousefi Arabi

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

12441 Amanda cove TR

Suite, Apt. #, Etc.

Jax FL 32225

City

State

FL

Zip Code

32225

☒ 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

REGISTERED AGENT MUST SIGN

Date 10/10/07

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
1	Shamim yousefi Arabi	12441. Amanda cove TR	Jax FL 32225
	A w/18		

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:

Shamim yousefi Arabi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/07 (904) 838-5141

Date

Daytime Phone #