

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 22 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10222007 REIN-P CR2E098 (1/07)

DOCUMENT # P05000011771

1. Entity Name
JOHN THE PAINTER, INC.



Principal Place of Business
~~450 FAMILWAY~~
TALLAHASSEE, FL 32301

Mailing Address
~~1634 RANKIN AVE.~~
TALLAHASSEE, FL 32310

2. Principal Place of Business - No P.O. Box #

~~3649 Hartsfield Rd~~

3. Mailing Address

~~3649 Hartsfield Rd.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip
32303

Country
USA

Zip
32303

Country
USA

4. FEI Number
20-2208942

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LISENO, JOHN
~~1634 RANKIN AVE.~~
TALLAHASSEE, FL 32310

7. Name and Address of New Registered Agent

Name

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

~~3649 Hartsfield Rd.~~

City

TALLAHASSEE

FL

Zip Code

32303

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

10-22-07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE P & 4990 OWNER ☐ Delete
NAME LISENO, JOHN
STREET ADDRESS ~~1634 RANKIN AVE.~~ 3649 Hartsfield Rd.
CITY-ST-ZIP TALLAHASSEE, FL 32310 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 51% owner & Vice President ☐ Change ☒ Addition
NAME LISA LISENO
STREET ADDRESS ~~3649 Hartsfield Rd.~~ TALLAHASSEE, FL 32303
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300111491653
CITY-ST-ZIP 10/30/07-01025-007 **150.00

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

10-22-07 850-671-5646

Date

Daytime Phone #