

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P05000064099**

1. Corporation Name

E & R Painting, Inc.

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

2655 23rd Street

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34234

Country

Sarasota

3. Mailing Office Address

2655 23rd Street

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34234

Country

Sarsota

*[Handwritten signature]*

**FILED**  
12 JUN -1 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**500229854315**  
04/18/12--01013--004 \*\*300.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

05-02-2005

5. FEI Number  
20-2720738

☐ 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

D&K Quality Acctg & Tax Svc, Inc.

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

710 60th Street Court East

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34208

**REINSTATEMENT 11-12**

**500229854315**  
06/01/12--01028--005 \*\*608.75

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

*Donald W. Sherman*

Date 04-12-12

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	Ricardo Cerda	2655 23rd Street	Sarasota, FL 34234

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Ricardo Cerda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 4-12-12

Date

Daytime Phone #