Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

RE-SUBMIT
Please retain original filing
date of submission 8/13/09

CORPORATION REINSTATEMENT

SUNNY FLA PAINTING, INC.

Certificate of Status	1
Certified Copy	0
Page Count	23
Estimated Charge	$1,058.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/06)

DOCUMENT # P05000125103

1. Corporation Name
Sunny FLA Painting, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3741 old Tampa Hwy	P.O. box 5172
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, Fl.	City & State: Lakeland FL.
Zip: 33811 Country: U.S.	Zip: 33807 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 9-12-2005

5. FEI Number: 20346436676 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Hamilton J. Watson

Street Address (P.O. Box Number is Not Acceptable): 3741 Old Tampa Hwy

Suite, Apt. #, Etc.

City: Lakeland, Fl. State: FL Zip Code: 33811

☐ 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: Hamilton J Watson — REGISTERED AGENT MUST SIGN — Date: 8-13-09

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
DP	Hamilton J. Watson	3741 old Tampa Hwy	Lakeland, FL 33811
	REINSTATEMENT RH		

10. I certify that I am an officer or director of 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: Hamilton J Watson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 8-13-09 — Daytime Phone #: 954-304-6849