

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -3 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07-08

REINSTATEMENT

200137574532
11/03/08--01055--012 **300.00

CR2E081 (10/08)

DOCUMENT # p06000036956

1. Corporation Name
K & C PAINTING SERVICES INC

2. Principal Office Address - No P.O. Box #
6708 CHANT TRAIL

Suite, Apt. #, etc.

City & State
TALLAHASSEE FL

Zip Country
32309 US

4. Date Incorporated or Qualified To Do Business in Florida **3/15/06**

5. FEI Number **20-5732221**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LOUIS KEVIN FELICIANO

Street Address (P.O. Box Number is Not Acceptable)
6708 CHANT TRAIL

Suite, Apt. #, Etc.

City State Zip Code
TALLAHASSEE FL 32309

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 *KE Feliciano* Date *10 29-08*

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
PRES	LOUIS KEVIN FELICIANO	6708 CHANT TRAIL	TALLAHASSEE FL 32309
TRES	CONNIE BRANNEN	6708 CHANT TRAIL	TALLAHASSEE FL 32309

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: *KE Feliciano* Louis Kevin Feliciano 10/29/08 850-567-7033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #