

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 29 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P 06 000121 388

1. Corporation Name

Five Home Painting Inc.

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

2714 47th St SW

3. Mailing Office Address

2714 47th St SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples FL

Zip

34116

Country

USA

Zip

34116

Country

USA

400159015524

07/29/09--01037--005 ***458.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

Dec 06

5. FEI Number

61-1510264

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

Edward S. Messina

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

2714 47th St SW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

☒ 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

Edward S. Messina

Date July 24, 2009

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
CEO	Edward S. Messina	2714 47th St SW	Naples FL 34116

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 24 2009 (239) 68199