

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000030504

1. Corporation Name

Jeff Cuddy Painting Inc.

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

716 Connecticut Ave.

Suite, Apt. #, etc.

City & State

StCloud, FL

Zip

34769

Country

US

3. Mailing Office Address

716 Connecticut Ave.

Suite, Apt. #, etc.

City & State

StCloud, FL

Zip

34769

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

3-8-2007

5. FEI Number

593365917

☐ 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

Jeff Cuddy

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

716 Connecticut Ave.

Suite, Apt. #, Etc.

City

St-Cloud

State

FL

Zip Code

34769

☒ 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

*Jeff Cuddy*  
REGISTERED AGENT MUST SIGN

Date

11-23-09

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
owner	Jeff Cuddy	716 Connecticut Ave	St. Cloud, FL, 34769

10. E-mail Address: Jeffcuddy@yahoo.com

(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., 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.

SIGNATURE:

*Jeff Cuddy* Jeff Cuddy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-23-09

Daytime Phone #

407-556-3687

FILED

2009 NOV 25 P 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800163098018

11/25/09--01003--006 \*\*\$300.00

CR2E081 (11/09)

REINSTATEMENT  
08-09  
*JS*