

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 12 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD80000067336

1. Corporation Name

ROLL-ON PAINTING INC.

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

214 Lakeview Way

Suite, Apt. #, etc.

City & State

Interlachen, FL

Zip

32148

Country

USA

3. Mailing Office Address

214 Lakeview Way

Suite, Apt. #, etc.

City & State

Interlachen, FL

Zip

32148

Country

USA

000180785920

05/12/10--01037--015 **300.00

REINSTATEMENT

09-10

4. Date Incorporated or Qualified
To Do Business in Florida

July 16, 08

5. FEI Number

26-2985249

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

Franklin D Lonaker Jr.

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

214 Lakeview Way

Suite, Apt. #, Etc.

City

Interlachen

State

FL

Zip Code

32148

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Franklin D Lonaker Jr.

Date 5/10/10

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	Franklin D Lonaker Jr.	214 Lakeview Way	Interlachen, FL 32148

10. E-mail Address: frum-lisa@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:

Franklin D. Lonaker Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/10/10

Daytime Phone #

511320