

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -6 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000000906

1. Corporation Name
ARTISTIC PAINTING & PAPERHANGING, INC.

Principal Place of Business

5833 HOUCHIU ST
UNIT F
NAPLES FL 34102
US

Mailing Address

5833 HOUCHIU ST
UNIT F
NAPLES FL 33942
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1992

5. FEI Number

65-0365501

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	STONE, GARY L	11194 SAFARI DR	BONITA SPRINGS FL 33923
VTD	BREEHNE, PAUL M JR	1033 S ALHAMBRA CIR 3071 50th Lane SW	NAPLES FL 33940-34116 300002521063--1 -05/12/98--01104--016 ****300.00 ****300.00

REINSTATEMENT

97-98

30 5-8-98

8. Name and Address of Current Registered Agent

BREEHNE, PAUL M JR
1033 S ALHAMBRA CIR
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name

Breehne, Paul M JR

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

3071 50th Lane SW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4-30-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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

4-30-98

Date

(941) 592-7744

Daytime Phone #

CR2E040 (8/97)