

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

03 FEB 24 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000015132

1. Corporation Name

SUPERIOR PAINTING AND WALLPAPER, INC.

Principal Place of Business

2705 HIDDEN CREEK DR.
JACKSONVILLE FL 32226

Mailing Address

2705 HIDDEN CREEK DR.
JACKSONVILLE FL 32226

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3191254

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
P	EDWARDS, PERRY T	2705 HIDDEN CREEK DR.	JACKSONVILLE FL 32226
VP	EDWARDS, BRANDON	2705 HIDDEN CREEK DR.	JACKSONVILLE FL 32226
D	COOK, ANTHONY	2705 HIDDEN CREEK DR.	JACKSONVILLE FL 32226

700013033077
02/24/03--01060--008 **300.00

8. Name and Address of Current Registered Agent

EDWARDS, PERRY T
2705 HIDDEN CREEK DR
JACKSONVILLE FL 32226

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 2-20-2003

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-2003 904-714-1538

Date

Daytime Phone #

CR2E040 (8/02)

2-20-2003

Dear Sirs:

This past year has been a real hardship on us as our son had been involved in two separate automobile accidents where he was hit from behind. He was unable to work and it has caused a financial burden on us. We have been dealing with his doctors, the insurance companys and lawyers on this matter. Because of this, I do not remember receiving any notices on my Corporation being late on the annual fees until I received this notice included in my envelope. The lady I spoke to this morning over the telephone said for me to make this known to you and to include a check in the amount of \$ 300.00 to bring our Corporation fees up to date. Thank you so much for your assistance in this matter.

Sincerely, Perry T. Edwards

A handwritten signature in cursive script that reads "Perry T. Edwards".

904-714-1558 office
904-476-4901 Cell#