


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 25 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044055

1. Corporation Name
Tom Nelson Painting, Inc.

2. Principal Office Address <u>1141 Central Park Drive</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1141 Central Park Drive</u> Suite, Apt. #, etc.	
City & State <u>Sanford Florida</u>		City & State <u>Sanford, Florida</u>	
Zip <u>32771</u>	Country <u>Seminole</u>	Zip <u>32771</u>	Country <u>Seminole</u>

4. Date Incorporated or Qualified To Do Business in Florida 6-16-93

5. FEI Number 59-3186542

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
Thomas B. Nelson

Street Address (P.O. Box Number is Not Acceptable)
1141 Central Park Drive

Suite, Apt. #, Etc.

City
SANFORD FL 32771

State
FL

Zip Code
32771

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 Thomas B. Nelson Date 3-24-04

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
P	Nelson, Thomas B.	444 Ridge Forest Court	Sanford, FL 32771
ST	Nelson, Denise A.	444 Ridge Forest Court	Sanford FL 32771

REINSTATEMENT 12-04

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 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: Thomas B. Nelson Date 3-24-04 Daytime Phone # 407-322-3599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (01/04)

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Tom Nelson Painting, Inc.

1141 Central Park Dr.
Sanford, Florida 32771

Office 407-322-3599

Fax 407-322-9383

March 24, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporate FEIN #59-3186542

Dear Sir or Madam,


I am submitting to you a reinstatement form for the above referenced corporation along with a check for \$450.00 for years 2002, 2003 & 2004.

We moved in January 2001 and the Corporate Annual Renewal was forwarded to us at that time. We changed the addresses on the form for the registered agent and physical location but we never received our yearly renewals.

Upon trying to open a bank account today did we find out that we were a dissolved corporation and immediately contacted an agent at the Florida Department of Corporations who advised us to submit a reinstatement form, our check and letter stating our reason for not filing annually (never received annual notices from State).

Please make sure that our mailing address (on our letterhead above) is the address you have to send the forms to us annually.

Sincerely yours,


Thomas B. Nelson
President

TBN/nMc