

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 16 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000046163**

1. Corporation Name

HERITAGE PAINTING INC.

2. Principal Office Address

1724 PINEBAY DR

Suite, Apt. #, etc.

3. Mailing Office Address

1724 PINEBAY DR

Suite, Apt. #, etc.

City & State

LAKE MARY, FL 3

Zip
32746

Country
USA

City & State

LAKE MARY, FL

Zip
32746

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

93

5. FEI Number

59-3202309

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

RONALD MUNIZZI

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

1724 PINEBAY DR

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

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

Ronald Munizzi

REGISTERED AGENT MUST SIGN

Date **5-5-00**

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	RONALD J. MUNIZZI	1724 PINEBAY DR.	LAKE MARY, FL 32746
S	TRACY S. MUNIZZI	1724 PINEBAY DR.	LAKE MARY, FL 32746
			TS

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:

Ronald Munizzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-00

Date

(407) 805-3099

Daytime Phone #

CR2E081 (9/99)