

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 16 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200088905902
02/21/07--01028--023 **1050.00

CR2E081 (1/07)

DOCUMENT # P940000232211

1. Corporation Name

Dave and John's Painting Inc.

2. Principal Office Address - No P.O. Box #
245 canby circle

3. Mailing Office Address
245 canby circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
springhill, FL

City & State
springhill, FL.

Zip
34606

Country

Zip
34606

Country

4. Date Incorporated or Qualified To Do Business in Florida
3-22-94

5. FEI Number
59-3231828

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
David R. Wadsworth

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

Suite, Apt. #, Etc.

City
springhill, FL.

State Zip Code
FL 34606

The 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

[Handwritten Signature]

Date **2/12/07**

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	David R. Wadsworth	245 canby circle	springhill, FL. 34606
vp	Andrew J. Grogan	3147 muir st	holiday, FL. 34691
sec	Jeanette Wadsworth	245 canby circle	springhill, FL. 34606

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 contained in Chapter 119, 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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07

Date

Daytime Phone #

[Handwritten initials] 2/19