

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000074768

1. Corporation Name

Ben Davis Painting Contractor, Inc.

2. Principal Office Address

504 34th Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33407

Country

USA

3. Mailing Office Address

504 34th Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33407

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

01/03/95

5. FEI Number

65-0560896

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

Benjamin Davis

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

504 34th Street

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33407

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

*Benjamin Davis*  
REGISTERED AGENT MUST SIGN

Date

3-7-02

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.	Benjamin Davis	504 34th Street	West Palm Beach, FL 33407
V.Pres	JoAnn Davis	504 34th Street	West Palm Beach, FL 33407

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:

*Benjamin Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-7-02

Daytime Phone #

CP2ED01 (9/01)