

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000020588

1. Corporation Name

Padgett Pool Plastering, Inc.

2. Principal Office Address - No P.O. Box #

3862 N.W. 37TH TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

3862 N.W. 37TH TERRACE

Suite, Apt. #, etc.

City & State

GAINESVILLE, FLORIDA

Zip

32606

Country

U.S.

City & State

GAINESVILLE, FLORIDA

Zip

32606

Country

U.S.

7. Name and Address of Current Registered Agent

Name

SHERRY C. PADGETT

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

3862 N.W. 37TH TERRACE

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32606

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

REGISTERED AGENT MUST SIGN

Date

1/26/2010

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
President	Sherry C. Padgett	3862 N.W. 37th Terrace	Gainesville, FL 32606
Vice President	James D. Padgett	Same	
Secretary	Sherry C. Padgett	Same	
			M. MILLIGAN EXAMINER
			FEB 10 2010

10. E-mail Address: **skyysparky@yahoo.com**

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry C. Padgett

Date

1/26/10

Daytime Phone #

352 494-2993

FILED

10 FEB 10 PM 4:12

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

700168429927

02/10/10--01028--025 **2100.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

03-13-1995

5. FEI Number
59-3301616

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

☐ 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.