

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 19 PM 3:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000021857**

1. Corporation Name
THE PAINT STORE, INC.

Principal Place of Business 300 S. MAIN STREET BELLE GLADE FL 33430 US	Mailing Address 300 S. MAIN STREET BELLE GLADE FL 33430 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/16/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0566525	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ROBINSON, KENNETH L	932 SE 4TH STREET	BELLE GLADE FL 33430
D	ROBINSON, VERA L	932 SE 4TH STREET	BELLE GLADE FL 33430

8. Name and Address of Current Registered Agent ROBINSON, VERA L 300 S. MAIN STREET BELLE GLADE FL 33430		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *Vera L. Robinson* **REGISTERED AGENT MUST SIGN** Date: 11-16-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Vera L. Robinson* **VERA L. Robinson** Date: 11-16-98 Daytime Phone #: 564-996 2510

CR2E040 (8/98)