

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 17 PM 1:03

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021857

1. Corporation Name

THE PAINT STORE, INC.

Principal Place of Business

Mailing Address

300 S. MAIN STREET
BELLE GLADE FL 33430
US

300 S. MAIN STREET
BELLE GLADE FL 33430
US



REINSTATEMENT

2000

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

Applied For

Not Applicabl

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

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	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

600003441426--1
-10/27/00--01004--017
****758.75 ****758.75

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBINSON, VERA L
300 S. MAIN STREET
BELLE GLADE FL 33430

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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
SIGNATURE REQUIRED

Date 10-11-00

REGISTERED AGENT MUST SIGN

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 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 furnished 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
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-00
Date

501-996-2510
Daytime Phone #