

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 DEC 17 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000022285

1. Corporation Name

GTA PAINTING, INC.

Principal Place of Business

57 SEMINOLE STREET
STUART FL 34994
US

Mailing Address

57 SEMINOLE STREET
STUART FL 34994
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

PO Box 2699

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

STUART FL
Zip **34995** Country **MARTIN**

City & State

Zip Country

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1995

5. FEI Number

65-0567039

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
SP	SHEEHAN, JOHN JR.	57 SEMINOLE STREET	STUART FL

300002720513-4
-12/23/98-01040-005
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

SHEEHAN, JOHN J R
57 SEMINOLE STREET
STUART FL 34994

9. Name and Address of New Registered Agent

Name **John J. Sheehan**
Street Address (P.O. Box Number is Not Acceptable)
PO Box 2699
Suite, Apt. #, Etc.

City **STUART**

State **FL** Zip Code **34995**

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

John Sheehan
REGISTERED AGENT MUST SIGN

Date **11-25-95**

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:

John Sheehan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-25-98

Daytime Phone #
561-545-3499

CR2E040 (8/98)