

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000052700

1. Corporation Name

DUNEDIN WOODWRIGHT, INC.

800009238078  
11/27/02--01035--012 \*\*1550.00

REINSTATEMENT 96-02

2. Principal Office Address

985 DOUGLAS AVE

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

Zip

34698

Country

PINELLAS

3. Mailing Office Address

985 DOUGLAS AVE

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

Zip

34698

Country

PINELLAS

4. Date Incorporated or Qualified  
To Do Business in Florida

07/03/1995

5. FEI Number

NONE

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

GRANT PAINTER

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

984 HOWARD AVE

Suite, Apt. #, Etc.

City

DUNEDIN

State

FL

Zip Code

34698

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

*[Signature]*

Date 11/21/02

REGISTERED AGENT MUST SIGN

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
P	GRANT PAINTER	984 HOWARD AVE	DUNEDIN, FL 34698
VP	LINDA PAINTER	2742 BRATTLE LN	CLEARWATER, FL 33761

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRANT PAINTER

Date

11/21/02

Daytime Phone #

(727) 946-1410