

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 MAY -1 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 95 000053126

1. Corporation Name

Clausman's Professional Painting, Inc.

W02 -9611

2. Principal Office Address

124 Jacob Drive

3. Mailing Office Address

124 Jacob Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crestview, Florida

City & State

Crestview, Florida

Zip

32536

Country

OKaloosa

Zip

32536

Country

OKaloosa

4. Date Incorporated or Qualified  
To Do Business in Florida

July 5, 1995

5. FEI Number

☒ 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

Daniel E. Clausman

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

124 Jacob Drive

Suite, Apt. #, Etc.

City

Crestview

State  
FL

Zip Code  
32536

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

Daniel E. Clausman  
REGISTERED AGENT MUST SIGN

Date

3/18/02

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
<u>VP</u>	<u>NONE</u>	<u>N/A</u>	<u>N/A</u>
<u>SEC</u>	<u>DANIEL E. CLAUSMAN</u>	<u>124 JACOB DRIVE</u>	<u>CRESTVIEW FL 32536</u>
<u>TREA.</u>	<u>DANIEL E. CLAUSMAN</u>	<u>124 JACOB DRIVE</u>	<u>CRESTVIEW FL 32536</u>
<u>PRES.</u>	<u>DANIEL E. CLAUSMAN</u>	<u>124 JACOB DRIVE</u>	<u>CRESTVIEW FL 32536</u>
			<u>500005678885--9</u>
			<u>06/05/02 01002-020</u>
			<u>***1358.75 ***1358.75</u>

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:

Daniel E. Clausman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/02

Daytime Phone #

CR2E081 (9/01)