

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG -7 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000087571

1. Corporation Name

SMITH PAINTING, INC.

Principal Place of Business

Mailing Address

777 9TH AVE S  
JACKSONVILLE BEACH FL 32250  
US777 9TH AVE S  
JACKSONVILLE BEACH FL 32250  
US

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

11/15/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City &amp; State

City &amp; State

59-3341443

Not Applicable

Zip

Country

Zip

Country

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 3	City / State / Zip 4
PD	SMITH, CHESTE S	777 9TH AVE S	JACKSONVILLE BEACH FL 32250
			100003368341--7 --08/23/00--01025--015 ****908.75 ****908.75

REINSTATEMENT 99-00 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, CHESTER S  
1026 SOUTH SEVENTH STREET  
JACKSONVILLE BEACH FL 32250

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/20/99

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHESTER S SMITH

Date

Daytime Phone #

12/20/99

**Smith Painting, Inc.**

777 Ninth Avenue South  
Jacksonville Beach, FL 32250

August 10, 2000

Tyrone Scott, D.S.  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Your letter of January 26<sup>th</sup> was filed by mistake rather than acted upon, therefore the delay. My check for \$908.75 is enclosed.

Please make the following corrections:

VPP John Rothenberger 1015 Atlantic PMB 236 Atlantic Beach, FL  
32266

STD Daniel Bailey 2630 Highway A1A #15 Atlantic Beach, FL 32266

Thank you for your assistance. If there are any other questions, please contact me at 904.993.8687

Sincerely,



Chester Smith,  
President, Smith Painting, Inc