## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

FILED

03 OCT -8 AM 8:27

SECRETARY OF STATE

1. Corpo Roya 220	UMENT # P96000004 ration Name al Painting of Centr 1 West 25th Street ford, FL 32771		Inc.				FALLA ŻOSO:	HASSE	en atan	- A
2. Principal Office Address		3. Mailing Office Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.  City & State				10/15/0301040003 **150.00  4. Date Incorporated or Qualified To Do Business in Florida 1/8/1996  5. FEI Number Applied For Not Applicable				
City & Star	te									
Zip	Country	Zip	Cou			6.	OCRETICIOATE OF STATUS DESIDED			dditional Fee required Certificate of Status
***************************************		7. Na	me and Addre	ss of Currer	nt Register	d Agent		10 15 K 17 15 16 16 16 16 16 16 16 16 16 16 16 16 16		
<b>8.</b> I, bein	Jason Ingram Street Address (P.O. Box Number 2201 West 25t) Suite, Apt. #, Etc.  City Sanford, FL 3	h Street 2771	ation, am tamilia	er with and a	ccept the ob	ligations of section	State FL	Zip Cod		
Signature Registered	of Aug 1	Jus	NT MUST SIGN						10/7/20	003
<b>9.</b> Name	es and Street Addresses of Each Office	er and/or Director (Flor	da nonprofit co	porations m	ust list at lea	ast 3 directors)	·			
Titles	Name of Officers and/or Dire	ctors	Street Address of Each Officer and/or Director				City / State / Zip			
P/D	Jason Ingram		2201 Wes	t 25th	Street	- -	Sanfo	ord, F	L 32771	-
VP/D	Joseph Longo		2201 Wes	t 25th	Street	<u> </u>	Sanfo	ord, F	L 32771	-
<u>\$</u>		,								
1										
							·			

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 filling 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: X Jason Ingram, President	/Director	10/7/2003
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

## LANNY HARTSFIELD, P. A.

CERTIFIED PUBLIC ACCOUNTANT
195 S. WESTMONTE DRIVE, SUITE K

ALTAMONTE SPRINGS, FLORIDA 32714 October 7, 2003

> TELEPHONE (407) 862-1919 FACSIMILE (407) 862-5045

Division of Corporations Florida Department of State 409 East Gaines Street Tallahassee, FL 32399

Re:Royal Painting of Central Florida, Inc. P96000004112

Dear sirs:

The registered agent and director of the above referenced company became deceased in 2002 and the address of the corporation changed. The original annual report was not received. A completed reinstatement form is enclosed along with the original fee of \$ 150 (dollars).

If you have any questions, please feel free to contact us.

Sincerely,

Lanny Hartsfield, CPA

Attachments