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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

FILED

08 FEB 20 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-08

DOCUMENT # P96000008705

1. Corporation Name

Nardone Painting Inc.

2. Principal Office Address - No P.O. Box #

13485 40th lane no.

Suite, Apt. #, etc.

3. Mailing Office Address

13485 40th lane no.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach, FL

Zip

33411

Country

US

Zip

33411

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

September 1996

5. FEI Number

650642761

☐ 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

Keith J. Nardone

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

13485 40th lane no.

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Keith J. Nardone

Date

February 19, 2008

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	Keith J. Nardone	13485 40th lane no	Royal Palm Beach, FL 33411

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 contained in Chapter 119, 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:

Keith J. Nardone  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 19, 2008  
Date

791-0677  
561-718-2524  
Daytime Phone #

XC 2/20

AHN:  
Tina  
Calkin

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February 19, 2008

I would like to dissolve P08000016981  
Date filed 2/14/08.

I want to release the name Nordene Painting Inc.  
TO Document P96000008705

If you have any questions Please call me at  
561-718-2524

Thank you  
Keith Nordene