

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -1 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000025466

1. Corporation Name

John Elliott Quality Painting Inc.

2. Principal Office Address

115 Kapok Crescent

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, Florida

City & State

Zip

33411

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-1-66

5. FEI Number

65-0633022

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

John Elliott

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

115 Kapok Crescent

Suite, Apt. #, Etc.

City

Royal Palm Beach

State
FL

Zip Code
33411

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

REGISTERED AGENT MUST SIGN

Date 4-10-03

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
Owner	John D. Elliott	115 Kapok Crescent	Royal Palm Beach, Florida, 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 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

JOHN ELLIOTT

4-10-03

561-308-1279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

115 KAPOK CRESCENT
ROYAL PALM BEACH
FL. 33411
04-24-03

DEPT OF STATE,

I did not receive my
reinstatement document for 002 so
I am requesting a waiver of the
penalty.

Thank you
F J ELLIOTT
FJ Elliott