


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 15 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P6000102807			
1. Corporation Name NORTH FLORIDA PAINTING COMPANY, INC.			
2. Principal Office Address 4630 N.W. 30 ST.		3. Mailing Office Address P.O. BOX 170	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL	
Zip 32605-1120	Country USA	Zip 32602-0170	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1996	
5. FEI Number 59-3462493	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name	TERRY J. JERTBERG	
Street Address (P.O. Box Number is Not Acceptable)	4630 N.W. 30 ST.	
Suite, Apt. #, Etc.		
City	State	Zip Code
GAINESVILLE	FL	32605-1120

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**

Terry J. Jertberg

REGISTERED AGENT MUST SIGN

Date

04/05/02

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
PRES.	TERRY J. JERTBERG	4630 N.W. 30 ST.	GAINESVILLE, FL 32605-1120
V.P.	"	"	"
TREAS.	"	"	"
SEC.	"	"	"

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:

Terry J. Jertberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/05/02 (352) 376-3700

Daytime Phone #

CR2E081 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 5, 2002

P.D. ANDREWS & CO. OF FLORIDA, INC.
1955 BLACKFOOT TRL
ST. CLOUD, FL 34771

SUBJECT: P.D. ANDREWS & CO. OF FLORIDA, INC.
Ref. Number: P00000099097

We have received your document for P.D. ANDREWS & CO. OF FLORIDA, INC. and your check(s) totaling \$858.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the corporation are as follows: \$600 reinstatement fee, \$61.25 filing fee per year for the years 2001 through the current year, \$88.75 ^{✓2} corporate supplemental fee for the years 1992 forward.

Therefore, the total fee to file the reinstatement is \$900.00. Add an additional \$8.75 for each certificate of status requested.

There is a balance due of \$41.25.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 802A00020081

900

*Please Find Enclosed Check - For 50.00 - to include
Certificate.*

[Signature]