

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 27 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010626

1. Corporation Name
Jim Laudon Painting & Waterproofing Inc.

[Handwritten initials]

2. Principal Office Address - No P.O. Box #
904 MORNING STAR DR
Suite, Apt. #, etc.

3. Mailing Office Address
15540 DONNINGTON DR
Suite, Apt. #, etc.

City & State
Lakeland FL
Zip
33810 Country
FL

City & State
Charlotte, NC
Zip
28277 Country
NC mecklenburg

200189069312
12/28/10--01020--005--58.75
CR2E081 (6/10) 2010

4. Date Incorporated or Qualified
To Do Business in Florida P97000010626
5. FEI Number 592866579 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 James Laudon
Street Address (P.O. Box Number is Not Acceptable)
904 MORNING STAR DR
Suite, Apt. #, Etc.
City Lakeland, State FL Zip Code 33810

Please Fax Cert of Status
TO:
letsPaintit@yahoo.com
letsPaintit@yahoo.com

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 [Signature] Date 12/20/2010
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
Pres	James Laudon	904 MORNING STAR DR	Lakeland, FL 33810

10. E-mail Address: _____
(To be used for future annual report notification)

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. I further certify, 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: James Laudon [Signature] Date 12/20/10 863-712-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #