

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

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P970000010626

1. Corporation Name

Jim Laudon Painting & Waterproofing INC.

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 Country

33810 FL

City & State

Charlotte NC

Zip Country

28277 NC Mecklenburg

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 Zip Code
FL 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

REGISTERED AGENT MUST SIGN

Date 12/20/2010

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
<u>Pres</u>	<u>James Laudon</u>	<u>904 MORNING STAR DR</u>	<u>Lakeland, FL 33810</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/10 863-712-9900

Date

Daytime Phone #