

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025381

1. Corporation Name

Steve's Quality Painting, Inc.

2. Principal Office Address

3621 Northside Court

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

3. Mailing Office Address

3621 Northside Court

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

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

03/20/1997

5. FEI Number

650739334

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

FILED
05 DEC 28 PM 12:51
TALLAHASSEE, FLORIDA

100062449321
12/29/05--01002--011 **1058.75

7. Name and Address of Current Registered Agent

Name

Steve Wells

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

3632 Northside Court

Suite, Apt. #, Etc.

City

Key West,

State
FL

Zip Code
33040

T. Roberts DEC 29 2005

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

Steve S Wells

Date

12-24-05

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	Steve Wells	3621 Northside Ct.	Key West, FL 33040
VP	Brian Dunlap	3314 Donald Ave.	Key West, FL 33040
S/T	Justin Woods	3536 Northside Ct.	Key West, FL 33040

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:

Steve S Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-24-05

Daytime Phone #

305-296-4692