

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC -7 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000027437

1. Corporation Name

LAVERY PAINTING INC.

Principal Place of Business

Mailing Address

1615 31ST AVE
VERO BEACH FL 32960

1615 31ST AVE
VERO BEACH FL 32960

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1615 31ST AVE.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1615 31ST AVE.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

Zip 32960

Country U.S.A.

City & State

VERO BEACH, FL.

Zip 32960

Country U.S.A.

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1997

5. FEI Number

59-3432245

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LAVERY, STEPHEN	1615 31ST AVE	VERO BEACH FL 32960
V	LAVERY, MARK	1615 31ST AVE	VERO BEACH FL 32960
ST	LAVERY, SHAYNE	1615 31ST AVE	VERO BEACH FL 32960

100002707911-9
-12/03/98--01102--024
****750.00 ****750.00

8. Name and Address of Current Registered Agent

LAVERY, STEPHEN
1615 31ST AVE
VERO BEACH FL 32960

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Signature of Stephen Lavery
REGISTERED AGENT MUST SIGN

Date 12/03/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Stephen Lavery
STEPHEN LAVERY

Date

12/03/98 (561) 778-4674

Daytime Phone #

CR20040 (6/98)