

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

05 JUL 14 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000033750

1. Corporation Name
Touch Down Painting, INC.

2. Principal Office Address

6480 NW 57th Ct.

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34482

Country

USA

3. Mailing Office Address

(same as principal)

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4/14/1997

5. FEIN Number

593441777

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

Tony Escarcega

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

6480 NW 57th Ct.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34482

900057465179

07/14/05--01038--005 **120.00

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

Tony Escarcega

Date 7/11/05

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/R/M	Tony Escarcega	6480 NW 57th Ct.	Ocala, FL 34482
S	Pam Escarcega	6480 NW 57th Ct.	Ocala, FL 34482
T/V	Dennis Armstrong	5811 NW 64th St.	Ocala, FL 34482

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:

Tony Escarcega (Pres.)
Tony Escarcega

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/11/05

Daytime Phone #

CRZE061 (01/05)