

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 22 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000035464

1. Corporation Name

UNITED PAINTING COMPANY OF JACKSONVILLE, INC.

Principal Place of Business

6653 POWERS AVE
#19
JACKSONVILLE FL 32217
US

Mailing Address

6653 POWERS AVE
#19
JACKSONVILLE FL 32217
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1997

5. FEI Number

59-3429913

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WALKER, MICHAEL D	6661 PERIWINKLE DR.	JACKSONVILLE FL 32244
VP	HURLEY, MICHAEL W	4462 RIDGEWALK LANE	JACKSONVILLE FL 32257

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***300.00 ***300.00

8. Name and Address of Current Registered Agent

WALKER, MICHAEL D
6653 POWERS AVENUE, #19
JACKSONVILLE FL 32217

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

Michael Walker

Date

4-28-02

REGISTERED AGENT MUST SIGN

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 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:

Michael Walker Mike Walker

4-28-02

Date

Daytime Phone #