

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 NOV 13 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000048958

1. Corporation Name

CHRISTENSON'S PAINTING, INC.

Principal Place of Business

Mailing Address

2760 MARQUIOS DR
ORANGE PARK FL 32073

2760 MARQUIOS DR
ORANGE PARK FL 32073



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3456782

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	DANIEL CHRISTOPHER Christenson	2760 MARQUIOS DR	ORANGE PARK FL 32073
VP	CHRISTENSON, KIMBERLEE	2760 MARQUIOS DRIVE	ORANGE PARK FL 32073

8. Name and Address of Current Registered Agent

CHRISTENSON, DANIEL J
2760 MARQUIOS DR
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name: Kimberlee Christenson
Street Address (P.O. Box Number is Not Acceptable): 2760 Marquios Drive
Suite, Apt. #, Etc.: ORANGE PARK FL
City: Orange Park State: FL Zip Code: 32073

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. or 617.0505, F.S.

Signature of
Registered Agent

Kimberlee Christenson
REGISTERED AGENT MUST SIGN

Date

11/6/2002

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:

Daniel Christenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-2002 904264-6509
Date Daytime Phone #

CR2E040 (8/02)

DATE

11/6/2002

PAGE #

P/s. be advised that

Christensen's Painting, Inc.,
has not received any
letter regarding any missing
names or signatures
from our original form
filed in May 2002.

Pymt for \$150.00 was
also paid in May.
We are sending the
Revocation form signed
as directed by your department.

If there are any further
questions, pls. call.

904-264-6509

W. A. Ch

GOLD FIBRE 2