

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
99 NOV 19 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000051451

1. Corporation Name

PAINT-IT, INC.

Principal Place of Business

359 PORT STEWART DR
ORLANDO FL 32826
US

Mailing Address

359 PORT STEWART DR
ORLANDO FL 32826
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 09

4. Date Incorporated or Qualified To Do Business in Florida

06/11/1997

5. FEI Number

50-3456004

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES ☐ NO

\$975 A fee is 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	4. City / State / Zip
P	LINA, SHANNON L	359 PORT STEWART DR	ORLANDO FL 32826
VP	LINA, JOHN K	359 PORT STEWART DR	ORLANDO FL 32826

100003060451--5
-12/03/99--01089--013
*****758.75 *****758.75

8. Name and Address of Current Registered Agent

PERLA, HENRY L
34 E. PINE STREET
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name Henry L. Perla, Esq.
Street Address (P.O. Box Number is Not Acceptable) 200 E. Robinson St, Suite 1170
Suite, Apt. #, Etc.
City Orlando State FL Zip Code 32801

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

REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/12/99

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:

 JOHN K. LINA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-1-99

Daytime Phone # 407-275-6413

KE