

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 16 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000095996

1. Corporation Name

PLATINUM COAST CUSTOM PAINTING
DBA PLATINUM COAST ARTISANS & CRAFTSMEN

2. Principal Office Address - No P.O. Box #

6062 TAYLOR RD.

Suite, Apt. #, etc.

#501

City & State

NAPLES FLORIDA

Zip

34109

Country

USA

3. Mailing Office Address

6062 TAYLOR RD

Suite, Apt. #, etc.

#501

City & State

NAPLES FLORIDA

Zip

34109

Country

USA

900140990989
01/16/09--01037--016 **750.00

REINSTATEMENT

CR2E081 (12/08)

06-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-7-1993

5. FEI Number

650800064

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

DANNY GESCHARDT

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

1079 LAS MADRA LANE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34103

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date JANUARY 14, 2009

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 |
|-----------|--------------------------------------|---|-----------------------|
| PRESIDENT | DANNY GESCHARDT | 1079 LAS MADRA LANE | NAPLES, FLORIDA 34103 |
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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 contained in Chapter 119, 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]

JANUARY 14, 2009

Date

239-825-1661

Daytime Phone #

1/22/09