

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 22 PM 4:42

DOCUMENT # P98000009704

1. Corporation Name

PAINTER'S PRIDE, INC. OF FLORIDA

Principal Place of Business

1720-1772 AVENIDA DEL SOL  
BOCA RATON FL 33432

Mailing Address

1720-1772 AVENIDA DEL SOL  
BOCA RATON FL 33432



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

2. Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0810462

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KILLAM, HORACE G III	861 WAVERLY ST.	FRAMINGHAM MA 01702
VD	SHRIBERG, KENNETH D	1720 AVENIDA DEL SOL	BOCA RATON FL 33432

000003060960--6  
-12/06/99--01009--016  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

SHRIBERG, KENNETH D  
1720 AVENIDA DEL SOL  
BOCA RATON FL 33432

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/18/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

11/18/99

Date

561-393-3131 x21

Daytime Phone #

AD

CR2E040 (8/99)

Office #  
(561) 470-9443



Fax #  
(561) 393-3950

November 18, 1999

Christian  
Annual Report/Reinstatement Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: P98000009704 corporate annual report

Dear Christian,

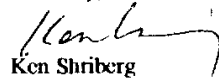
I am writing in regards to our telephone conversation on October 15, 1999. As I explained to you, My attorney was the registered agent for the corporation until June 25, 1999. I never received the forms for the annual report as a result of my attorney never notifying me. My assumption is that he never received the information (since he semi-retired and moved out of his office) or that he neglected to give the appropriate forms to me.

During a meeting with my attorney at his residence to change the corporation's legal name, he requested that I become registered agent and the forms were approved on June 25, 1999.

As you requested, Please find enclosed a check in the amount of \$150.00 for the filing fee. Please also verify that all future correspondences and required forms to be filed will be mailed directly to me at the address on our letterhead.

Thank you for your assistance in this matter and I apologies for any inconvenience.

Sincerely,

  
Ken Shriberg  
Vice President  
Registered agent

Encl.

MP/kds