PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP -8 PM 2:05

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000010942

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09/08/09--01067--003 **1500.00

CR2E081 (12/08)

1. Corporation Name
S + S Painting and Textures, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
822 SW McCullough Ave.	822 SW McCullough Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL	City & State: Port St. Lucie, FL
Zip: 34953 Country: USA	Zip: 34953 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2-2-98

5. FEI Number: 650811055 ☐ 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: Audrey Henderson

Street Address (P.O. Box Number is Not Acceptable): 3429 Victory Palm Drive

Suite, Apt. #, Etc.:

City: Edgewater, FL 32141 State: FL Zip Code: 32141

☐ 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: Audrey Henderson (REGISTERED AGENT MUST SIGN) Date: 8/21/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	David M. Sullivan	822 SW McCullough Ave.	Port St. Lucie, FL 34953
P	Mark B Sullivan	822 SW McCullough Ave.	Port St. Lucie FL 34953
			9/9/09
		REINSTATEMENT	05 13

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: _____ 8-18-09 706-994-332?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #