

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 20 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # P98000012564

1. Corporation Name

ST. JOHNS PAINTS DECORATING, INC.

400009615954
12/20/02--01039--001 **150.00

2. Principal Office Address

4228 ST JOHNS AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32210

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2570445

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

Kristi M. Caffee

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

11694 Sandy Hollow Loop

Suite, Apt. #, Etc.

City

Middleburg

State

FL

Zip Code

32068

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

Kristi M. Caffee

REGISTERED AGENT MUST SIGN

Date 12/02/02

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
P	Susan Little	2223 Astor St. Lido #11	O.P. FL 32073
VP	Gregory Lawley	8927 Barco Lane	Jax, FL 32222

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 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:

Susan Little

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/06/02

Date

(904)
388-1456

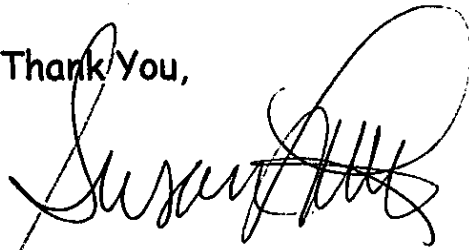
Daytime Phone #

7 CR20081 (9/01)

To whom it may concern:

Enclosed is our renewal check for \$150.00. To the best of our knowledge, we did not receive our renewal form at the beginning of the year. We are a struggling small business. We found a corporation reinstatement form, on sunbiz.org. I realize there is a \$750.00 amount due. I'm sending you a check for \$150.00. If you could just waive the other fees this one time I would greatly appreciate it. We have never missed payment before and we won't let this happen again. Your special consideration to this matter will mean a great deal to our company.

Thank You,

A handwritten signature in black ink, appearing to read 'Susan Little', with a large, looping flourish at the end.

Susan Little