

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 25 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000018288

1. Corporation Name

EASTLUND PAINTING INC.

Principal Place of Business

Mailing Address

~~5621 E ADAMO DR.~~

~~5621 E ADAMO DR~~

~~SUITE C & D~~

~~SUITE C & D~~

TAMPA FL 33619

TAMPA FL 33619

US

US

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

2. New Principal Office Address, If Applicable

5621 ADAMO DR.

3. New Mailing Office Address, If Applicable

5621 ADAMO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33619

Country

United States

Zip

33619

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

02/24/1998

5. FEI Number

65-0812892

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	JENKINS, ARTHUR	5621 E ADAMO DR SUITE C/D	TAMPA FL 33619
ST	JENKINS, ARTHUR Q	5621 E ADAMO DR SUITE C/D	TAMPA FL 33619

800024382268  
11/03/03--01073--008 \*\*150.00

8. Name and Address of Current Registered Agent

JENKINS, ARTHUR Q  
5621 E ADAMO DR  
SUITE C & D  
TAMPA FL 33619

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/28/03

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

Date

Daytime Phone #



## Eastlund Painting, Inc.

*"Your Full Service Painting Contractor"*

5621 East Adamo Drive, Unit C

Tampa, Florida 33619

Office: 813/635-0972 ~ Cell: 813/309-9922

[www.eastlundpaint.com](http://www.eastlundpaint.com)

Division Of Corporations

Attn: Justin Shivers

Re: Eastlund Painting Inc. Ref # P98000018288

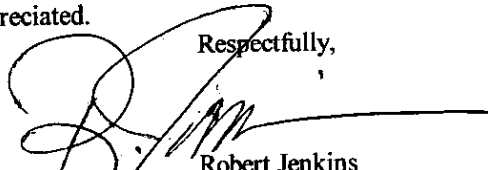
Date Nov 18, 2003

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Dear Sir or Madam:

This letter is to inform you that we did not receive the annual report this year due to an address problem. The people that were occupying the space next to us moved out and they were the recipients of the report. The address For Eastlund is: 5621-Adamo Dr suite C Tampa Fl. 33619 if there is a way to reinstate our corporation it would be very appreciated.

Respectfully,



Robert Jenkins  
General Mgr. Eastlund Painting Inc.