

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

00 APR 19 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99-00000028767

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 990000028767

1. Corporation Name

Raynor Quality Painting, Inc
872 Tamarack Ave
Tallahassee, FL 32303

2. Principal Office Address

Same

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

USA

3. Mailing Office Address

872 Tamarack Ave

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-1-1998

5. FEL Number

59-3494568

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

Sandra K Turner-Gibbs

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

872 Tamarack Ave

Suite, Apt. #, Etc.

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City

Tallahassee

State

FL

Zip Code

32303

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]

Date

4/17/00

REGISTERED AGENT MUST SIGN

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
Pres	Sandra Turner-Gibbs	872 Tamarack Ave	Tallahassee, FL 32303
VP	David Raynor	2720 Grubbs Rd	Tallahassee, FL 32304

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:

Sandra K Turner-Gibbs - Pres

4/17/00

850894-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)