

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION<br>FOR<br>REINSTATEMENT   |                                   |  FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                             |   |
|---|-----------------------------------|--|---|
| DOCUMENT # <b>P98000039913</b>  |                                   |  |   |
| 1. Corporation Name<br><b>MAYHOOD PAINTING COMPANY, INC.</b>  |                                   |  |   |
| Principal Place of Business<br><b>1157 DUNCAN DRIVE<br/>WINTER SPRINGS FL 32708</b>   |                                   | Mailing Address<br><b>1157 DUNCAN DRIVE<br/>WINTER SPRINGS FL 32708</b>  |   |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.   |                                   |  |   |
| 2. New Principal Office Address, If Applicable  |                                   | 3. New Mailing Office Address, If Applicable   |   |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.  |   |
| City & State  |                                   | City & State   |   |
| Zip   | Country                           | Zip  | Country   |
| 4. Date Incorporated or Qualified To Do Business in Florida<br><b>05/01/1998</b>  |                                   | 5. FEI Number<br><b>59-3515116</b>   |   |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   |                                   | Applied For<br>Not Applicable  |   |
|   |                                   | \$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  |
| D   | MAYHOOD, GERALDINE                | 1157 DUNCAN DRIVE  | WINTER SPRINGS FL 32708   |
| VA  | MAYHOOD, WILLIAM                  | 1157 DUNCAN DR   | WINTER SPRINGS FL 32708   |
|   |                                   |  | 200004740832--1<br>-12/27/01--01028--004<br>****750.00 ****750.00 |
| 8. Name and Address of Current Registered Agent   |                                   | 9. Name and Address of New Registered Agent  |   |
| PAPPAS, PETER C<br>225 EAST ROBINSON STREET<br>SUITE 540<br>ORLANDO FL 32801  |                                   | Name<br><b>Geraldine Mayhood</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1157 Duncan Drive</b><br>Suite, Apt. #, Etc.<br>City<br><b>Winter Springs</b> State<br><b>FL</b> Zip Code<br><b>32708</b> |   |
| 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<br>  |                                   | Date<br><b>12-12-01</b>  |   |
| REGISTERED AGENT MUST SIGN  |                                   |  |   |
| 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:<br>   |                                   | Date<br><b>12-12-01</b> 407 463 2408<br>Daytime Phone #  |   |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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REINSTATEMENT 07

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