

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 24 PM 2:13

DOCUMENT # P98000063544

1. Corporation Name

PHILLIP JOURNEY PAINTING, INC.

Principal Place of Business

1618 S.W. 75TH TERRACE  
GAINESVILLE FL 32607

Mailing Address

1618 S.W. 75TH TERRACE  
GAINESVILLE FL 32607

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

REINSTATEMENT 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/1998

5. FEI Number

59-352 7215

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES.	PHILLIP JOURNEY	1618 S.W. 75TH TERR	GAINESVILLE FL 32607
V.P.	RICHARD RETALEATO	1629 S.W. 77TH TERR	GAINESVILLE FL 32607

3080003290993--6  
-06/15/00--01057--003  
\*\*\*900.00 \*\*\*900.00

JP 6/17

8. Name and Address of Current Registered Agent

JOURNEY, PHILLIP W  
1618 S.W. 75TH TERRACE  
GAINESVILLE FL 32607

9. Name and Address of New Registered Agent

Name PHILLIP W. JOURNEY

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

1618 S.W. 75TH TERR

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32607

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 5-23-00

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: PHILLIP W. JOURNEY 5-23-00 352-215-6927  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #