

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -6 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

800023589948

10/06/03--01073--001 \*\*150.00

DOCUMENT # P 98 000 070922

1. Corporation Name

G. B. Painting Inc.

2. Principal Office Address

4122 Sunnybrook Ct

Suite, Apt. #, etc.

3. Mailing Office Address

4122 Sunnybrook Ct

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32820

Country

USA

Zip

32820

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3527808

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

Gary Philip Bouley

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

4122 Sunnybrook Ct

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32820

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

Gary P Bouley

REGISTERED AGENT MUST SIGN

Date

10/1/03

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	Gary P Bouley	4122 Sunnybrook Ct	Orlando, FL 32820

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)(l), 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

Gary P Bouley

Date

10/1/03

Daytime Phone #

(407) 467-7759

CR2E081 (10/02)

27 10/17

10/1/03

To Whom it may concern,

I am seeking reinstatement due to having not filled out my "Annual Report" due earlier in the year. The report was never received by me due to an address change. My new address has been noted on the attached form. Please take this into regard and accept the original form fee of \$150.00.

Thank you for your cooperation

Jay P. Daulty  
President