

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 OCT 13 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000073416

1. Corporation Name

LONGSHORE'S PAINTING INC.

B10/19/04

CR2E081 (12/05)

01-06

2. Principal Office Address

12947 LAKEVIEW AV.

Suite, Apt. #, etc.

3. Mailing Office Address

12947 LAKEVIEW AV

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT FL

Zip

34711

Country

LAKE

Zip

34711

Country

LAKE

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-1998

5. FEI Number

283-48-5807

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

RONALD LONGSHORE SR.

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

12947 LAKEVIEW AV

Suite, Apt. #, Etc.

C

City

CLERMONT

State

FL

Zip Code

34711

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

Ronald Longshore Sr.

Date 5/19/06

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
OWNER	RONALD LONGSHORE SR.	12947 LAKEVIEW AV	CLERMONT, FL 34711
VICE PRESIDENT	RONALD LONGSHORE JR.	643 WHISPER SOUND	CLERMONT, FL 34715
SECRETARY	RONALD LONGSHORE JR.	12947 LAKEVIEW AV	CLERMONT, FL 34711
	DEBBIE WILLIAMS	12947 LAKEVIEW AV	CLERMONT, FL

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 contained in Chapter 119, 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:

Ronald Longshore Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/06 352-516-1810

Date

Daytime Phone #