

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

P98000085211

**DOCUMENT #**

**1. Corporation Name**

NORTH FLORIDA PAINT CO. OF  
DUVAL COUNTY

**North Florida Paint Co.**

**P.O. Box 16228**

**Jacksonville, Florida 32245**

**2. Principal Office Address**

5800-203 Beech Blud

Suite, Apt. #, etc.

City & State

JL FL  
32207 Duval

**3. Mailing Office Address**

PO BOX 16228

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL  
32207 DUVAL

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

74-2886358

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 **Robert S. NORMAN**

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

5800-203

Suite, Apt. #, Etc.

Beech Blud

City

Jacksonville FL 32207

State

FL

Zip Code

32207

**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

**Robert S. Norman**

REGISTERED AGENT MUST SIGN

Date **12/26/02**

**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	ROBERT S. NORMAN	507 N. 1st St	JL FL 32216

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT S. NORMAN**

**12/26/02**  
Date

**904-916-8048**  
Daytime Phone #

03 JAN -7 AM 10:41

FILED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

CR2E081 (9/01)

NORTH FLORIDA PAINT CO.

P.O BOX 16228 JACKSONVILLE, Fla 32245

office#(904) 619-8048

fax#(904) 805-0087

email address bobnorman@bellsouth.net

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Painting-Coatings-Waterproofing-OSHA Certified Lead  
Removal-Wallcovering-Pressure Washing-Sandblasting

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12-26-02

DIVISION of CORPORATIONS

P. O. Box 6327

TALLAHASSEE, FLA.

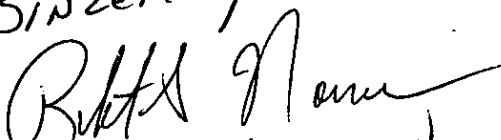
DEAR SIR:

I came down with a medical problem in  
Feb, 01, 2001 and could not run my small  
business,

After a long period of no work, I could  
not renew my corporate papers.

I appreciate very much your renewing  
the corporation, and enclosed you will  
find a check for \$300.00 for year 2001-  
2002.

Sincerely

  
ROBERT NORMAN

