

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000095520

1. Corporation Name

ROGER A. PEPIN, INC.

Principal Place of Business

Mailing Address

5159-B BRISATA CIRCLE
BOYNTON BEACH FL 33437

5159-B BRISATA CIRCLE
BOYNTON BEACH FL 33437

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

11/12/1998

5. FEI Number

65-0876571

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
PSTD	PEPIN, ROGER	5159-B BRISATA CIRCLE	BOYNTON BEACH FL 33437
V	PEPIN, GAIL W	5159 B BRISATA CIR	BOYNTON BEACH FL 33437

8000004659758-1
-10/30/01--01088--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEPIN, ROGER
5159-B BRISATA CIRCLE
BOYNTON BEACH FL 33437

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date 12 OCT 01

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12 OCT 01

Daytime Phone #

561-242-0437

CR2E040 (8/01)

SunCoast Painting

PROFESSIONAL EXTERIOR & INTERIOR FINISHES
LICENSED & INSURED U-19079

282

October 12, 2001

Division of Corporations
Annual Report/Reinstatement section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Reinstatement Error

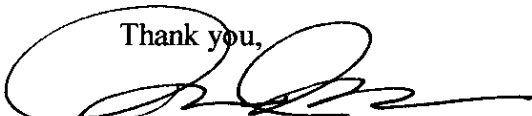
To Whom It May Concern:

I did not receive the original forms for the Division of Corporations annual fees, so the application for reinstatement was sent in error.

Please find enclosed my check for: \$61.25 – Annual Report Fee
 \$88.75 – Corporate Supplemental Fee
 \$150.00 – Total

If you have any questions please call me at (561) 242-0433.

Thank you,



Roger A. Pepin
President

