PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

FILED

44.44 44.44

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= # # 22 **11**;

REINS	STATEMENT		Secretary of Sision of Corpor			SECRE	TARY OF STATE	NS
DOCUMENT # P98000099560 1. Corporation Name					00 NOV 20 PM 5: 58			
UNDEF	RHILL PAINTING, INC.							
Principal Place of Business Mailing Addre			S					
1599 SW 30TH AVE 1599		1599 SW 30TH	1599 SW 30TH AVE					
#3		#3 Boynton Beach FL 33426						
BOTHION BEACH FL 33426		BOTHTON DEA	DENOM PE 33420		MISTA	TEMENT)
BOYNTON BEACH FL 33426 If above addresses are incorrect in any way, line through incorrect information and enter correction believed. 2. New Principal Office Address, If Applicable 1. New Mailing Office Address, If Applicable					I H E CO D D D D	rested or Qualified		
7773 N. DUNG PUB / P.C. 177			V. Cervine	SS AVE.	To Do Business in Florida 11/23/1998			
Suite, Apt. #, etc. Suite, Apt. #8			#8		5. FEI Number	J 4-2-	Applied I	For
City & State DELRAY BEACH FL DELRAY			AL ALAC	H.FI		59-3550678	Not Appl	Not Applicable
Zip 33445 Country Zip 3344			Country		6. CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each								
Title(s) Name of Officers and/or Directors			Officer and/or Director			City / State / Zip		
Р	UNDERHILL, WILLIAM LANCE	1211 S.W. 25TH WAY			BOYNTON BEACH FL 33426			
S	UNDERHILL, CONNIE J	1211 S.W. 25TH WAY			BOYNTON BEACH FL 33426			
-VP	VP FUNEZ, MARLON		4240 TANGLEWOOD #407			WEST PALM BEACH FL 33410		
VP DIMITRY, ALYSSA			3536 E. SANOPIRER DR.			BOYNTON BEACH, FL 33436		
		4			000034916946. -12/08/0001046001			
				1	_	****750	.00 ****/50.	ווייי
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
Name					 			
,					P.O. Box Number	is Not Acceptable)		0,03
50 S.E. 4TH AVENUE DELRAY BEACH FL 33483				Suite, Apt. #, Etc.			- -	
			City				State Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the o						on 607.0505, F.S.	FL	
Signature of Registered	Agent Agent	GISTERED AGE	1 = Qi			,	6/00	
1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PIS I EKEN AGE	IN MUSI SIGN					

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 filling 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

WILLIAM LANCE UNDERHILL