

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 11 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P980000101629**

1. Corporation Name

DLS PAINTING & TRIM INC.

2. Principal Office Address

1814 EDINBURGH ST

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

Country

34743-3319

3. Mailing Office Address

PO Box 450716

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

Country

34745

REINSTATEMENT 02-03

03/20/03 01010 012 \$ 350.00

01/28/03 01104 007 \$ 550.00

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

5. FEI Number

59-3548710

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JOHN A. ARTZ

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

1814 EDINBURGH STREET

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34743-3319

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4/8/03**

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
PRES.	JOHN A. ARTZ	1814 EDINBURGH STREET	KISSIMMEE, FL 34743

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

[Signature]

4/8/03

Date

(407) 348-6995

Daytime Phone #

CR2E081 (10/02)