

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000104366

1. Corporation Name

RON WELCH PAINTING, INC.

Principal Place of Business

Mailing Address

3330 SHOAL LINE BLVD  
HERNANDO BEACH FL 34667

3330 SHOAL LINE BLVD  
HERNANDO BEACH FL 34667

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPV	WELCH, RON <del>DELETE</del>	3330 SHOAL LINE BLVD	HERNANDO BEACH FL 34667
DPVT	WELCH, RONALD F	3330 SHOAL LINE BLVD	HUDSON FL 34667 34607 HERNANDO BEACH FL
			300004721483--5 12/13/01 01006 005 ****750.00 ****750.00
			REINSTATEMENT 01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WELCH, RONALD F  
8213 ELEANOR STREET  
SPRING HILL FL 34607

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL 34606-3240

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

*Ronald F. Welch*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/14/01

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:

*Ronald F. Welch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-596-7601

CR2040 (8/01)