

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000107096**

1. Corporation Name

L. C. PAINTING, INC.

Principal Place of Business

2281 BANNISTER ST.
DELTONA FL 32738

Mailing Address

2281 BANNISTER ST.
DELTONA FL 32738

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

01/02/1999

5. FEI Number

59-3549341

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
P	COOLEY, LARRY	2281 BANNISTER STREET	DELTONA FL 32738
VP/S	COOLEY, STEPHANIE	2281 BANNISTER DRIVE	DELTONA FL 32738
T	COOLEY, LARRY G II	2281 BANNISTER ST.	DELTONA FL 32738

300023819913
10/15/03--01059--012 **150.00

8. Name and Address of Current Registered Agent

COOLEY, LARRY G
2281 BANNISTER ST.
DELTONA FL 32738

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST 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 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

Date

Daytime Phone #

10-10-03 386 789 8531

CR2ED40 (7/03)

Nora B. Romero
Certified Public Accountant
2411 E. Graves Ave, Ste#4
Orange City, FL 32763
(386) 851-0040

October 10, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 6327
Tallahassee, FL 32314-6327

Re: L.C. Painting Inc.
F.E.I# 59-3549341
P98000107096

Sir/Madam:

This letter is to request abatement of the reinstatement fee for the above reference corporation. Management never received a filing report and when I inquire about the report, they thought they had file the report with the fee for \$150.00. But after reviewing their records that payment was for some thing else.

Your favorable response would be greatly appreciated.

Sincerely,



Nora B. Romero
CPA

cc: Larry Cooley/President