

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000005519

1. Corporation Name

STEWART PAINTING SERVICE INC.

2. Principal Office Address

1825 N.W 131ST

3. Mailing Office Address

1825 N.W 131ST

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33167

Country

DADE

Zip

33167

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

1/99

5. FEI Number

65-0890004

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BARRY L. WILLIAMS

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

1825 N.W 131STREET

Suite, Apt. #, Etc.

N/A

City

MIAMI

State

FL

Zip Code

33167

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

Barry L. Williams
REGISTERED AGENT MUST SIGN

Date

4/16/03

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
P	BARRY L. WILLIAMS	1825 N.W 131ST	MIAMI, FL 33167

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

Barry L. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Barry L. Williams 4/16/03 786-897-4963
Date Daytime Phone #



**Stewardship
Painting Services Inc.**

1825 NW 131 St.
N. Miami, FL 33167
(305) 973-1612 pager
(786) 897-4963 cell.

Paint-Pressure Cleaning-Texture

Commercial & Residential

Licensed & Insured

#65-0890004

April 16, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Reinstatement of Corporation Document# P99000005519

Dear Sir/Madam:

I am requesting that a reinstatement fee of \$450.00 be charged to reinstate the Stewardship Painting Services Inc., as a corporation. I am making this request since I did not received the Uniform Business Application for 2001 – 2003 nor any other correspondence notifying me of the need to file an application.

Enclosed is a check for the appropriate fees and the required application.

Thank you for a favorable consideration in this matter.

I can be contacted at 786-897-4963 or at the above address if additional information is required.

Sincerely,

Barry L. Williams
President/Owner Stewardship Painting Services Inc.