


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION
2000-2001
UBR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000009329**

1. Corporation Name
SIMPSON'S PAINTING UNLIMITED, INC.

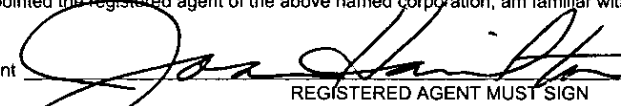
2. Principal Office Address 1281 NE 25th St.		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State	
Zip 33064	Country U.S.A.	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 01/29/99	Applied For <input type="checkbox"/>
5. FEI Number 45-0883975	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name JOAN HAMILTON	
Street Address (P.O. Box Number is Not Acceptable) 2425 NE 6th AVE	
Suite, Apt. #, Etc.	
City WILTON MANORS	State FL
	Zip Code 33334

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  Date **2-11-01**

REGISTERED AGENT MUST SIGN

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, T, S	John P. Simpson	1281 NE 25th St.	Pomp Bch, FL 33064
D	Bertha Jennie Simpson	3281 E. Golf Blvd	Pmp. Bch. FL 33064

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:  Date **2-13-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)

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SIMPSON'S PAINTING UNLIMITED, INC.

1281 NE 25TH STREET
POMPANO BEACH, FL 33064
954-946-4154

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement Fee

To Whom It May Concern:

Please consider this document a formal request to waive the \$600.00 Reinstatement fee due to extenuating circumstances.

In April 1999, the property located at 1281 NE 25th Street, Pompano Beach, FL which serves as warehouse, office and home dwelling caught fire when an FPL transformer which is located behind the property suddenly exploded. The property suffered extensive damage. Enclosed is a 5 page report from Broward County Fire Marshall and a copy of a building permit necessary to make repairs.

This unfortunate incident has cost the company thousands of dollars in lost time due to the fact the office/warehouse was inoperable for several months, hundreds of dollars in materials were destroyed which were not covered by insurance. This event has also cost personal, emotional difficulties for all parties involved.

Enclosed is a check in the amount of \$308.75 which would cover Annual Report Fee, Corporate Supplemental Fee for 2000 and 2001 and a Certificate of Status.

Please review and advise.

Sincerely,

John P. Simpson
President

John P. Simpson
cell 683-0035
JPS/js

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ENCLOSURES