

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 14 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000009329

1. Corporation Name

SIMPSON'S PAINTING UNLIMITED INC

2. Principal Office Address

1644 SW 7 AVE #3

3. Mailing Office Address

1644 SW 7 AVE #3

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

POMPA NO BCH FLA

City & State

11

Zip

33060

Country

BROWARD

Zip

33060

Country

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

1-29-1999

5. FEI Number

65-0883975

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN P SIMPSON

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

1644 SW 7 AVE #3

Suite, Apt. #, Etc.

Suite 3

City

POMPA NO BCH FLA

State

FL

Zip Code

33060

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

John P Simpson

REGISTERED AGENT MUST SIGN

Date 6-18-03

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

PTS

JOHN P SIMPSON

1644 SW 7 AVE #3

POMPA NO BCH FLA

33060

02-03 JS

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:

John P Simpson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-18-03

Daytime Phone #

CELL

954-448-3662

CR2E081 (10/02)

PAYC 10/2

SIMPSON'S PAINTING UNLIMITED, INC.  
1644 SW 7 AVENUE  
POMPANNO BEACH, FL 33060

Department of State  
Division of Corporations  
PO BOX 6327

Re: Reinstatement Fee

To Whom it may Concern:

Please consider this document a formal request to waive the \$600 Reinstatement fee.

Simpson's Painting Unlimited, Inc. moved the office from 1642 SW 7 Avenue, Pompano Beach, FL to 1644 SW 7 Avenue, Pompano Beach, FL in February 2002. Your files must have shown 1642 instead of 1644 because I did not receive my 2002 Uniform Business Report. This was not brought to my attention until recently. I called the State very confused as to why I was not receiving the proper forms necessary to keep up to date with my paperwork. I discovered, after speaking with the occupant in 1642 SW 7 Avenue that she received some of my mail that has been accidentally filed away with her corporation papers.

After my recent inquiry, I discovered that my corporation was not effective. I finally received all necessary corporation forms to the correct address at 1644 SW 7 Avenue.

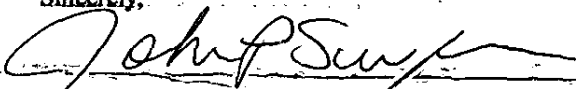
Enclosed, you will find a copy of my lease at 1644 SW 7 Avenue, Pompano Beach, FL.

I am very sorry for any inconvenience and confusion that I have caused you regarding this matter.

Enclosed is a check in the amount of \$308.75 which would cover the Annual Report Fee, Corporate Supplemental Fee for 2002 and 2003 and a Certificate of Status.

Please review and advise.

Sincerely,



John P. Simpson  
President