PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION[®] **FOR**



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P99000010493 **DOCUMENT #**

1. Corporation Name

WARD'S PAINTING CO., INC.

Principal Place of Business

Mailing Address

27232 BIG SUR DR. WESLEY CHAPEL FL 33543 27232 BIG SUR DR. WESLEY CHAPEL FL 33543 FILED

00 DEC -5 PM 1:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above addresses are	incorrect in any way, line th	rough incorrect information	and enter correction below.				
2. New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable Suite, Apt. #, etc.			corporated or Qualified lusiness in Florida	01/29/1999	
Suite, Apt. #, etc.				5. FEI Number		Applied For	
City & State		City & State		59	-3549356		Not Applicable
Zip	Country	Zip	Country	6. CERTIFI	i ĈATE OF STATUS DESIRED ☐		tional Fee required tificate of Status

2.10	Soundy 2-p	442,	CERTIFIÇATE	OF STATUS DESIRED []	r a Certificate of Status		
7. Names a	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 2	Street Address of Officer and/or Di		City / State / Zip			
Pres	Darryl H.K. Ward	27232 B15 S	ur Dr	Wesley Chap	U,F1 33543		
7			7 •				
			. 00	00003505	7405		
		·		-12/19/000 ****150.00	*****150.00		
		WUBR	7				
8. Name and Address of Current Registered Agent			₿ ② 9. Name and Address of New Registered Agent				
27232	D, GIOVANNA H 2 BIG SUR DR.		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
WESL	EY CHAPEL FL 33543	City					

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

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:

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							ER OR DIRE	

Ward's Painting Co., Inc. 27232 Big Sur Drive, Wesley Chapel, Florida 33543

Phone: 813-918-3806 Fax: 813-907-9288

October 25, 2000

Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

We received a Notice of Administrative Dissolution or Revocation in the mail and are requesting to have the Reinstatement Fee of \$750.00 waived. We are a very small corporation and were unaware that we had to file the form stated in the notice. We did not do it deliberately. Please send us the document that needs to be filed so that we can fill it out and send back to you, immediately.

Please let us know if there is anything that we need to rectify this matter or if there is any questions you may have concerning our corporation. Thank you for your consideration regarding this matter.

Sincerely,

1.5

Parryl H.K. Ward, President

Giovanna M. Ward, registered agent