

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-99000012969

1. Corporation Name

AL'S PAINTING

2. Principal Office Address

35801 C.R. 439

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EUSTIS

City & State

61a 32736

Zip

32736

Country

FLA

Zip

32736

Country

FLA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

393558708

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

Allen Ringer

100023545941

10/03/03--01058--021 **150.00

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

35801 C.R. 439

Suite, Apt. #, Etc.

EUSTIS

City

EUSTIS

State

FL

Zip Code

32736

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**

Allen Ringer

Date

9/30/03

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 |
|---------------|--|---|---------------------------|
| OWNER | WALTER ALLEN RINGER | 35801 C.R. 439 | EUSTIS FL 32736 |
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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:

Allen Ringer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/03

Daytime Phone #

CR2E081 (10/02)