

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR RESTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000025683			
1. Corporation Name GENE F. JOHNSTON PAINTING, INC.			
Principal Place of Business 9920 HARNEY RD. THONOTOSASSA FL 33592		Mailing Address 4739 PARKWAY BLVD LAND O LAKES FL 34639	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		03/15/1999	
5. FEI Number		59-3625455	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		S8.75 Additional Fee required for a Certificate of Status	
7. Names 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	Street Address of Each Officer and/or Director	City / State / Zip
D	JOHNSTON, GENE F Johnston Gene F	9920 HARNEY RD. 4739 Parkway Blvd	THONOTOSASSA FL 33592 Land o Lakes 34639
P	Dionne Chris D.	4739 Parkway Blvd	Land o Lakes FL 34639
VP	Blanton Earl	9922 Harney Rd	Thonotosassa FL 33592
J	Ricard Etta Mae	9920 Harney Rd	Thonotosassa FL 33592
			500004670915--5 -11/07/01--01054--012 ****150.00 ****150.00
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOHNSTON, GENE F 9920 HARNEY ROAD THONOTOSASSA FL 33592		Name Same Street Address (P.O. Box Number is Not Acceptable) 4739 Parkway Blvd Suite, Apt. #, Etc. City Land o Lakes State FL Zip Code 34639	
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		Date	
SIGNATURE REQUIRED		Oct 17 2001	
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: SIGNATURE REQUIRED		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		813 996-1270 813-625-7061	

To Department of State
I had never received any previous
notices until now, I don't know why
I always take care of things when
I receive them.

Thank You
Gene F. Johnson

Please make sure they are mailing
to 4739 Parkway Blvd
Land O Lakes Fl.
34639

Any problems please contact me
at 813-625-7061 813 996-1270