

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000030244**

1. Corporation Name

WOOSTER PAINT CO., INC.

Principal Place of Business

Mailing Address

**5050 ECLIPSE COURT
NAPLES FL 34104**

**5050 ECLIPSE COURT
NAPLES FL 34104**

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

04/01/1999

5. FEI Number

59-3564487

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WOOSTER, WINTHROP C	5050 ECLIPSE COURT	NAPLES FL 34104

800023765258
10/13/03--01038--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOOSTER, WINTHROP C.
5050 ECLIPSE COURT
NAPLES FL 34104

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Wintthrop C. Wooster
REGISTERED AGENT MUST SIGN

Date

10-9-03

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:

Wintthrop C. Wooster
WINTHROP C. WOOSTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-03 234 643 2247

CR2E040 (7/03)

Dear Sir,

I Win Wooster am active President of
Wooster Paint Co Inc. and I have never received
any prior UBR notices. My ~~home~~ residence sold
this summer so there might of been a mail
problem. I would very much appreciate it
if you would reinstate me. I am sending
the \$150.00 fee. Please accept my apologies for
any inconvenience to you.

Thank you,

Sincerely,
Win Wooster
Wooster Paint Co. Inc.