

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600009046766
11/18/02--01046--012 **750.00



DOCUMENT # **P99000051963**

1. Corporation Name

CEW PAINTING & WALLPAPERING, INC.

Principal Place of Business

921 19TH ST. S.W.
NAPLES FL 34117

Mailing Address

921 19TH ST. S.W.
NAPLES FL 34117

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

06/07/1999

5. FEI Number

59-3594212

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	WHITEHEAD, CHARLES	921 19TH STREET SW	NAPLES FL 34117
S	MCTEET, JOHN	921 19TH ST. S.W.	NAPLES FL 34117

8. Name and Address of Current Registered Agent

LAMB, JEFFREY R
9915 TAMiami TRAIL NORTH, #2-
NAPLES FL 34108

9. Name and Address of New Registered Agent

Name

Jeffrey R. Lamb

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

868 106TH Avenue

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/06/02

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Whitehead

Date

(239) 455-6926
Daytime Phone #

CR2E040 (8/02)