

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -5 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000074713

1. Corporation Name

Cornerstone Painting Inc.

2. Principal Office Address

5271 Hemingway Ln. E.

Suite, Apt. #, etc.

#1509

City & State

Naples, FL

Zip

Country

3. Mailing Office Address

5271 Hemingway Ln. E. #1509

Suite, Apt. #, etc.

#1509

City & State

Naples Florida

Zip

34116

Country

**REINSTATEMENT** 01-03

4. Date Incorporated or Qualified  
To Do Business in Florida

8-16-99

5. FEI Number

593591835

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Bobby Gene Cork Nelson

600010975466

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

5271 Hemingway Ln. E.

Suite, Apt. #, Etc.

# 1509

City

Naples

State

FL

Zip Code

34116

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

Bobby Gene Cork Nelson

Date Jan 23 2003

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
<u>Pres owner</u>	<u>Bobby Gene Cork Nelson</u>	<u>5271 Hemingway Ln. E. #1509</u>	<u>Naples, FL. 34116</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bobby Gene Cork Nelson

Jan 23 2003

Date

Daytime Phone #

(239)  
304-0214

CR2E081 (9/01)