

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 15 PM 2:48

DOCUMENT # P99000102614

1. Corporation Name

TWO TONE PAINTING, INC.

2. Principal Office Address

2148 45th St SW

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34116

Country

USA

3. Mailing Office Address

2148 45th St SW

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34116

Country

USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

NOVEMBER 24, 1999

5. FEI Number

59-3610649

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

SALLY HARRIS

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

2148 45th St, SW.

Suite, Apt. #, Etc.

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

Sally Harris

REGISTERED AGENT MUST SIGN

Date

11-14-05

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
PRES.	SALLY HARRIS	2148 45th St SW.	Naples, FL 34116
VICE PRES.	NORMAN HARRIS	2148 45th St SW.	Naples, FL 34116

900061443999
11/15/05--01063--008 **\$00.00

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:

Sally Harris SALLY HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-14-05

239-571-0373

Daytime Phone #