


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S33383			
1. Corporation Name Berigan Painting, INC			
2. Principal Office Address - No P.O. Box # 3714 Crawfordville Rd		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State	
Zip 32305	Country US	Zip	Country
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida (02/91)	
Name Michael R. Berigan		5. FEI Number 59-3058189	
Street Address (P.O. Box Number is Not Acceptable) 2353 Vinkara Dr.		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc.		6. CERTIFICATE OF STATUS DESIRED <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
City Tallahassee		State FL	
Zip Code 32303		FILED MAR 23 AM 9:08 TALLAHASSEE, FLORIDA	
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 <i>Michael Berigan</i>		Date	
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
Pres	Michael Berigan	2353 Vinkara Dr.	Tallahassee, FL 32303
VP	Gerald Richards	102 Lauderdale Ln.	Crawfordville, FL 32327
SEC	Ross Berigan	6271 Bombadil Dr.	Tallahassee, FL 32304
REINSTATEMENT 2010-11			
10. E-mail Address: beriganpainting@comcast.net <small>(To be used for future annual report notification)</small>			
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: <i>Michael Berigan</i>		850/878-3988	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	