


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
2000-2001
UBR

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

DOCUMENT # S43065

1. Corporation Name
PAUL WALLER PAINTING, INC.

2. Principal Office Address
302 W. Bates St.
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 4632
Suite, Apt. #, etc.

City & State
Plant City, FL.

City & State
Plant City, FL.

Zip 33566 **Country** Hillsborough

Zip 33564 **Country** Hillsborough

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 4-3-91

5. FEI Number 65-0251990 **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 PAUL B. WALLER **400003818314**

Street Address (P.O. Box Number is Not Acceptable) 302 W. Bates St. **-03/08/01-01019-016**

Suite, Apt. #, Etc. ******308.75 ****308.75**

City Plant City, FL. **State** FL **Zip Code** 33566

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 Paul B. Waller **Date** 1/23/01

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
P/N/D	PAUL B. WALLER	302 W. Bates St.	Plant City, FL. 33566
T/S/D	CARLA J. WALLER	302 W. Bates St.	Plant City, FL. 33566

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: Carla J. Waller - CARLA J. WALLER **1/22/01** **(813) 719-2896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E081 (9/00)

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1/23/01

I am writing this to request you waive the reinstatement fee for our corporation. We did not receive our annual report for 2000. You had an address listed as Silverhill Dr. and we had sent you a corrected address which you didn't receive. In July I requested the report to be sent to 513 Margot Ct. which was parents address as we were out of state at the time. Mr. Waller had an accident which required surgery & several months recuperation so we just recently returned to Florida and realized we didn't get the annual report. I am asking for your help in this matter. Please advise us what our fees would be.

Thank you,
Carol Waller, S/T/D

Paul Waller Painting, Inc.
543065