

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION

2000-2001

UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 12 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials

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

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

400003818314-7

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

302 W. Bates St.

-03/08/01-01019-016

****308.75 ****308.75

Suite, Apt. #, Etc.

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/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

Date

(813) 719-2896

Daytime Phone #

CR2E081 (9/00)

Page 2022

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