

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 578480

1. Corporation Name

FUNKHOUSER'S STRIPING SERVICE, INC.

2. Principal Office Address - No P.O. Box #

8350 HIGHWAY 33 NORTH

Suite, Apt. #, etc.

City & State

LAKELAND

Zip

33809

Country

USA

3. Mailing Office Address

P.O. Box 90193

Suite, Apt. #, etc.

City & State

LAKELAND

Zip

33804

Country

USA

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9-4-1991

5. FEI Number

59-3094198

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
KEVIN OR ANNETTE WILSON

Street Address (P.O. Box Numbers Not Acceptable)
206 MARIANNA DRIVE

Suite, Apt. #, Etc.

City
AUBURNDALE

State
FL

Zip Code
33823

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Kevin D. Wilson

REGISTERED AGENT MUST SIGN

Date **11-6-2007**

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
PRESIDENT	KEVIN WILSON	206 MARIANNA DRIVE	AUBURNDALE, FLORIDA 33823
SEC./TREAS	ANNETTE WILSON	206 MARIANNA DRIVE	AUBURNDALE, FLORIDA 33823
	<i>[Signature]</i>		

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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 contained in Chapter 119, 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:

Kevin P. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-6-07

Daytime Phone #

863-858-5504