

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V06942

1. Corporation Name

BILTMORE PAINTING & RENOVATION, INC.

2. Principal Office Address

860 12 AVE SO

Suite, Apt. #, etc.

SLIP 4

City & State

NAPLES, FL

Zip

34102

Country

COLLIER

3. Mailing Office Address

PO BOX 1184

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34106

Country

COLLIER

REINSTATEMENT

2-54

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/15/1992

5. FEI Number

351366753

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

SARAH A. CAMPBELL

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

860 12 AVE SO

Suite, Apt. #, Etc.

SLIP 4

City

NAPLES

State

FL

Zip Code

34102

700034792047
04/30/04 01007 010 **1000.00

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**

Sarah A. Campbell
REGISTERED AGENT MUST SIGN

Date 4/20/2004

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 | SARAH A. CAMPBELL | 860 12 AVE SO. SLIP 4 | NAPLES, FL 34102 |
| S | BRADLEY J. WEIGLE | 860 12 AVE SO. SLIP 4 | NAPLES, FL 34102 |
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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 under section 119.07(3)(f), 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:

Sarah Campbell sarah Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-04

Daytime Phone #

239)

403-4060

TR

CP22001 (01/04)