

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV -1 PM 5:16

DOCUMENT # **F98000002868**

1. Corporation Name
AAPCO PAINTING, INC.

Principal Place of Business 520 WEBB RD. CONCORD NC 28025	Mailing Address 520 WEBB RD. CONCORD NC 28025
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REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/20/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 56-1728397	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PC	DOBNER, VICTOR C JR	235 WITHERSHINN DR.	CHARLOTTE NC 28262
S	DOBNER, STEPHANIE	235 WITHERSHINN DR.	CHARLOTTE NC 28262
VC	HOUSER, PARKS	5305 REDFIELD RD	DUNWOODY GA 30083

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 ****750.00 ****750.00

[Handwritten Signature]

8. Name and Address of Current Registered Agent

HOWE, SALLY
 1300 N. ATLANTIC AVE.
 COCOA BEACH FL 32931

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Sally Howe* REGISTERED AGENT MUST SIGN Date 10-26-00

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., 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: *Stephanie H. Dobner* *Stephanie Dobner* Date 10/22/00 Daytime Phone # (704) 784-2690 ext 224

CR2E040 (8/00)