

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 27 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J16208

1. Corporation Name  
Beto's Custom Paint & Body

Principal Place of Business Mailing Address  
16206 N. Nebraska Ave.  
Lutz, Florida  
33549

REINSTATEMENT 95-96

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable <u>N-A</u>	3. New Mailing Address, If Applicable <u>N-A</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>10-5-1987</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <u>59-2846541</u>
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>D</u>	<u>Luis Pinto</u>	<u>4705 Windflower Dr</u>	<u>Tempe, FL 33624</u>

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12/03/96 0115 012  
\*\*\*\*583.75 \*\*\*\*583.75

98/12/96

8. Name and Address of Current Registered Agent  
Luis Pinto  
16206 N. NEBRASKA AVE  
Lutz, FL  
33549

9. Name and Address of New Registered Agent  
Name N-A  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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 [Signature] Date 11-22-96  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No   
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: [Signature] Date 11-22-96 (513) 961-3571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #