

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 DEC 29 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

FLORIDA AUTOMOTIVE RESTYLING, INC.

2. Principal Office Address

3. Mailing Office Address

34 Industrial Loop  
Suite, Apt. #, etc.

34 Industrial Loop  
Suite, Apt. #, etc.

Suite 202

Suite 202

City & State

City & State

Orange Park, FL

Orange Park, FL

Zip

Country

32073

U.S.A.

Zip

Country

32073

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct. 30, 1987

5. FEI Number

59-2868449

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

Charles R. Risdon, III

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

800 Seagate Drive

Suite, Apt. #, Etc.

City

Delray Beach

State  
**FL**

Zip Code

33483

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

*Charles R. Risdon*

REGISTERED AGENT MUST SIGN

Date 11-30-00

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
D/P	Charles R. Risdon, III	800 Seagate Drive	Delray Beach, FL 33483
Sec	Kelly Risdon	800 Seagate Drive	Delray Beach, FL 33483
			KE

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:

*Charles R. Risdon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-00

Date

Daytime Phone #

CR2E081 (9/99)