

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 16 PM 3:08

DOCUMENT # PA8000033525

1. Corporation Name **AGELESS TOPS & INTERIORS**  
149B4 S.E. 2nd St.  
Deerfield Bch., FL 33441  
(954) 428-4682

2. Principal Office Address  
SAME

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.  
B4

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33441

800021628008  
07/17/03--01065--004 \*\*450.00

4. Date Incorporated or Qualified  
To Do Business in Florida  
1998

5. FEI Number  
650829695

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

Brent Colhan

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

520 SE 18 AV

Suite, Apt. #, Etc.

City

Pompano Bch.

State

FL

Zip Code

33441

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

Brent Colhan  
REGISTERED AGENT MUST SIGN

Date

July 14-03

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
Pres.	<u>Brent Colhan</u>	<u>520 SE 18 AV</u>	<u>Pom Bch FL. 33060</u>
Sec.	<u>Brent Colhan</u>	<u>520 SE 18 AV</u> <u>SAME</u>	<u>Pom. Bch. FL 33060</u>
Tras.	<u>Brent Colhan</u>	<u>520 SE 18 AV</u>	<u>Pom Bch, FL 33060</u> <u>33060</u>

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: BRENT COLHAN Brent Colhan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14-03  
Date

954 429 4692  
Daytime Phone #

CR2E081 (10/02)

~~To whom it may concern~~

I Brent Cohen single owner  
of Ageless Tops + Interiors Inc.  
Have not paid filing fees on  
Corp, because I was  
unaware for Papers were  
send to wrong address  
which was your office's  
fault, they send it to  
14984 SE 2nd St  
Deerfield Bch FL 33441

Correct address is  
149 B4 SE 2nd St  
Deerfield Bch FL 33441

Please waver penalty  
enclosed is check for  
6450.00 which should  
make Corp. up to Date +  
Reinstated

Thank you  
Brent Cohen