


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

97 AUG -1 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 995000040067
1. Corporation Name
EMPIRE PAINT & BODY WORKS OF ORLANDO, INC.

96-97
W97-16287

Principal Place of Business Mailing Address
943 TART VINELAND RD. "SAME"
ORLANDO FL 32824.

REINSTATEMENT

96-97
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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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u>May 22 - 1995</u>	
City & State		City & State		5. FEI Number	
Zip		Zip		<u>59-3316450</u>	
				Applied For	
				Not Applicable	
				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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>President</u>	<u>ANTONIO E. CABRERO</u>	<u>4612 COUNTRY LEE CT. ORL. FL. 32812</u>	<u>ORL. FL. 32812</u>

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****915.00 ****915.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>ANTONIO E. CABRERO</u> <u>4612 COUNTRY LEE CT.</u> <u>ORL. FL. 32812</u>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		<u>FL</u>	

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] REGISTERED AGENT MUST SIGN Date: 7/7/97

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 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: [Signature] SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 7/7/97 Daytime Phone #: 407-855-1991

CR2E040 (12/96)