

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 FEB 27 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 490276

**1. Corporation Name**

Smyth's Classic Paint & Body Shop, Inc

**2. Principal Office Address**

9510 NW 27<sup>th</sup> Ave

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33147

Country

USA

**3. Mailing Office Address**

612 SE 5<sup>th</sup> Ave

Suite, Apt. #, etc.

Suite #1

City & State

Ft Lauderdale, FL

Zip

33301

Country

USA

**REINSTATEMENT**

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

11/18/75

**5. FEI Number**

59-1634661

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

JAMES D. EVANS

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

612 SE 5<sup>th</sup> Ave

Suite, Apt. #, Etc.

Suite #1

City

Ft Lauderdale

State

FL

Zip Code

33301

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2/22/01

**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
PD	JAMES D. EVANS	612 SE 5 <sup>th</sup> Ave Suite #1	Ft Lauderdale, FL 33301
VD	THOMAS GANDOLFO	603 N A STREET	LAKE WORTH FL
STD	NAYADE AMARO	7420 SABAL DRIVE	MIAMI LAKES FL 33014

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01

Date

954 522-7770

Daytime Phone #

CR2E081 (9/00)