

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg 1 of 2

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 492257

Corporation Name

CLEARVIEW AUTOBODY, INCORPORATED

Principal Place of Business

Mailing Address

950 N.E. 16TH ST.
OCALA FL 34470
US

950 N.E. 16TH ST.
OCALA FL 34470
US

* 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1975

5. FEI Number

59-1647563

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	PRENDERGAST, DOUGLAS	950 NE 16TH ST	OCALA FL 34470

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAPEER, RUSSELL W
445 NE 8TH AVE
OCALA FL 34470

Name

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

Russell W. Lapeer

Date

REGISTERED AGENT MUST SIGN

11. 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

10/16/01

Date

352-432-3383

Daytime Phone #

CR2E040 (8/01)

Page 2

Please Do Not
Detach

CLEARVIEW AUTOBODY, INC.
950 NE 16TH STREET
OCALA, FL 34470

Department of State
of Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Attention: Katherine Harris

Dear Ms. Harris:

Enclosed is a signed reinstatement notice application that we just received in the mail. However, we never received the original renewal back in January, 2001 and we were unaware that this was done on a yearly basis. We recently acquired a new accountant since our old accountant quit in December, 2000 and apparently did not notify us some of the items that needed to be done on a yearly basis.

Enclosed is a check in the amount of \$150.00 for the yearly renewal fee and we would appreciate it if you would waive the penalty since we did not receive the original renewal forms.

Thank you in advance for your cooperation and if you have any questions, please contact us as soon as possible at 352-732-3383.

Sincerely,

Clearview Autobody, Inc.


Douglas Prendergast