

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 PH 3:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **492257**

1. Corporation Name

CLEARVIEW AUTOBODY, INCORPORATED

Principal Place of Business

Mailing Address

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

PO BOX 6720
OCALA FL 34478
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

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1647563

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

000023666490
10/09/03--01049--012 **150.00

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
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Russell W. LaPeer

REGISTERED AGENT MUST SIGN

Date **10-8-2003**

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

10/8/03
Date

3527323383
Daytime Phone #

CR2E040 (7/03)

CLEARVIEW AUTO BODY, INC.
HOME OF THE LIFETIME WARRANTY

950 N.E. 16th. ST.
OCALA, FL. 34470
(352)732-3383
(352)622-8436 FAX

TO: FLORIDA DEPT OF STATE

FROM: CLEARVIEW AUTO BODY INC.
DOUGLAS HENDERGAST

SUBJECT: REINSTATEMENT APPLICATION

DATE: 10/8/03.

PLEASE BE ADVISED THAT ON 4/30/03
CHECK # 1829, (BANK OF AMERICA) FOR
\$150 WAS SENT TO YOUR OFFICE.
WE HAVE NOT BEEN CONTACTED UNTIL
RECEIVING THIS FORM STATING WE HAD
TO BE "REINSTATEMENT". FOR SOME REASON
YOUR OFFICE DID NOT RECEIVE OR DID
NOT CREDIT OUR ACCOUNT. I WAS ADVISED
BY YOUR OFFICE TO RE-SUBMIT APPLICATION
WITH ANOTHER CHECK FOR \$150 AND REQUEST
YOU TO WAIVE FEE. THANK YOU.

Sincerely

