

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

93 JUN -5 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **570122**

1. Corporation Name

BROOKS BODY SHOP, INC.

Principal Place of Business

103 N. 13TH ST.
P.O. BOX 1137

FT. PIERCE FL 34950-8137

Mailing Address

103 N. 13TH ST.

P.O. BOX 1137

FT. PIERCE FL 34950-8137



If addresses are incorrect in any way, line through incorrect information and enter correction below.

Principal Office Address, If Applicable

etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida
06/16/98
04/21/1978

5. FEI Number

59-1818691

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
BROOKS, JAMES D.	103 N. 13TH ST.	FT. PIERCE FL

600002561276-7
-06/16/98-01065-031
****750.00 ****750.00

REINSTATEMENT

97-98
6-11-98

8. Name and Address of Current Registered Agent

BROOKS, JAMES D
103 N. 13TH ST.
FT. PIERCE FL 33450

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

James D. Brooks

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

James D. Brooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/98

Date

561-465-4840

Daytime Phone #

CR20040 (3/97)