

F99000003051

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: DENT DOCTOR, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

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-06/15/99 -01058--001

*****78.75 *****78.75

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TOM HARRIS

(Name of Person)

DENT DOCTOR, INC.

(Firm/Company)

11301 W. MARKHAM

(Address)

LITTLE ROCK, AR 72211

(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

TOM HARRIS

(Name of Person)

at (501) 224-0500 501-224-0507 FAX

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. DENT DOCTOR, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. ARKANSAS 3. 71-0663316
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 5, 1988 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JUNE 1988
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 11301 W. MARKHAM
LITTLE ROCK, AR 72211
(Current mailing address)

8. Automotive PAINT-Free Dent Repair
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: STEVE S. AARON

Office Address: 4021-100 SOUTHSIDE BLVD
JACKSONVILLE, Florida, 32216
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Steve S. Aaron
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: TOM HARRIS

Address: 11301 W. MARKHAM
LITTLE ROCK, AR 72211

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: TOM HARRIS

Address: 22 TALLYHO LN
LITTLE ROCK, AR 72227

Vice President: _____

Address: _____

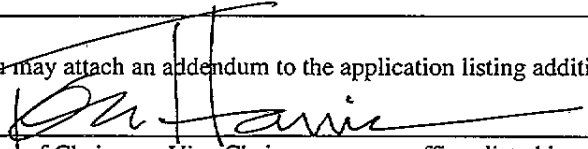
Secretary: TOM HARRIS

Address: 22 TALLYHO LN
LITTLE ROCK, AR 72227

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

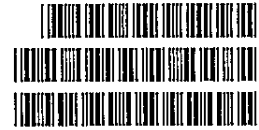
14. TOM HARRIS President
(Typed or printed name and capacity of person signing application)

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Sharon Priest
SECRETARY OF STATE

State of Arkansas SECRETARY OF STATE

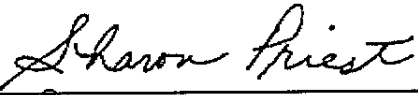
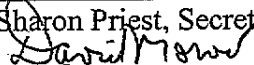


To All to Whom These Presents Shall Come, Greeting:

I, Sharon Priest, Secretary of State of the state of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

DENT DOCTOR, INC.

In Testimony Whereof, I have hereunto set my hand and affixed my Official Seal. Done at my office in the City of Little Rock, Arkansas this 30th day of April 1999.


Sharon Priest, Secretary of State
by: 
D E Morrow

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