

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J24312**

1. Corporation Name

CUSTOMER COLLISION AND PAINT SHOPPE, INC.

Principal Place of Business

Mailing Address

101 PINE AVE.
OLDSMAR FL 34677-3026

101 PINE AVE.
OLDSMAR FL 34677-3026

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

07/16/1986

5. FEI Number

59-2713827

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)

1 Title(s)	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
D	CROZIER, JOSEPH	1332 HOMESTEAD WAY	PALM HARBOR FL
DV	CROZIER, WYNDY MARIE	1332 HOMESTEAD WAY	PALM HARBOR FL

REINSTATEMENT

96-97

1/15/97

700002061807--3
-01/17/97--01029--017
*****540.00 *****540.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CROZIER, JOSEPH
101 PINE AVE.
OLDSMAR FL 34677

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

700002061807--3
-01/17/97--01029--018
*****375.00 *****375.00

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

Wyndy M. Crozier

REGISTERED AGENT MUST SIGN

Date **9.19.96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Wyndy M. Crozier **Wyndy M. Crozier** **9.19.96** **(813) 7851841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #