

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 19 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K48277

1. Corporation Name

IDEAL PAINT & BODY, INC.

Principal Place of Business

610 INDUSTRIAL AVE.
BOYNTON BEACH FL 33435
US

Mailing Address

610 INDUSTRIAL AVE.
BOYNTON BEACH FL 33435
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

11/23/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0085005

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

See Instructions for details regarding
Exemption from Status Certificate

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	4 City / State / Zip
D	LARKIN, KERRY C.	3695 EDGAR AVE.	BOYNTON BEACH FL
VPD	LARKIN, ROBERT	13840 KEY LIME ROAD	W. PALM BEACH FL
			300003058883--1
			-12/02/99--01056--002
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LARKIN, KERRY C.
3695 EDGAR AVE.
BOYNTON BEACH FL 33426

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 607.0805, F.S.

Signature of
Registered Agent

Jeffrey W. Wosh...

REQUIRED

Date 11-15-99

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]

REQUIRED C. LARKIN

Date 11/1/99

KE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #