

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 22 PM 3: 35

DOCUMENT # L46112

1. Corporation Name

AIRCRAFT PAINTING CENTER, INC.

Principal Place of Business

Mailing Address

3804 ST LUCIE BLVD  
FT. PIERCE FL 34946

3804 ST LUCIE BLVD  
FT. PIERCE FL 34946

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

01/30/1990

5. FEI Number

65-0163401

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See 2012 Annual Report for details  
on the 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	4 City / State / Zip
PTD	RIBEIRO, DEVAIR	3804 ST LUCIE BLVD	FT. PIERCE FL 34946
SD	RIBEIRO, ELIANE N.	3804 ST LUCIE BLVD	FT. PIERCE FL 34946

600003063016--8  
-12/07/99--01051--003  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIBEIRO, DEVAIR  
3804 ST LUCIE BLVD  
FT. PIERCE FL 34946

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 607.0605, F.S.

Signature of  
Registered Agent

*Devaire Ribeiro*  
**REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

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:

*Devaire Ribeiro*  
**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-99  
Date

561-4657744  
Daytime Phone #

AD