

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PH 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 99451

1. Corporation Name

ADVANCED PORCELAIN REPAIR, Inc.

REINSTATEMENT 02-03

200023743932
10/13/03--01020--023 **\$908.75

2. Principal Office Address

382 HOLLY RIDGE RD.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL.

City & State

WINTER HAVEN, FL.

Zip

33880

Country

POLK

Zip

33880

Country

POLK

4. Date Incorporated or Qualified
To Do Business in Florida

1990

5. FEI Number

59-3046753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DANA M. BRAYTON JR

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

382 HOLLY RIDGE RD.

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33880

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Dana M. Brayton Jr

Date

10/10/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DANA M. BRAYTON, JR	382 HOLLY RIDGE RD.	WINTER HAVEN FL 33880

10. 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:

Dana M. Brayton Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

(863) 401-9937