

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 28 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000039014

1. Corporation Name

D'Chente Paint & Body Shop Inc.

2. Principal Office Address

1636 N.W. 20th Street

Suite, Apt. #, etc.

3. Mailing Office Address

7140 W. 3 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Hialeah, Florida

Zip

33142

Country

U.S.A.

Zip

33014

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/2000

5. FEI Number

65-1001657

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

Angel Cocho

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

7140 W. 3 avenue

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33014-5364

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

Angel Cocho

REGISTERED AGENT MUST SIGN

Date

1/26/04

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
PSTD	Angel Cocho	7140 W. 3 Avenue	Hialeah/FL/33014

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:

ANGEL Cocho / Angel Cocho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/04

Daytime Phone #

305-324-1883

CR2E081 (10/02)