

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000048943

1. Corporation Name

OVER EXPOSURE WINDOW TINTING
INC.

2. Principal Office Address

11210 Guilford Rd.
Suite, Apt. #, etc.

3. Mailing Office Address

11210 Guilford Rd.
Suite, Apt. #, etc.

City & State

Clermont FL

Zip 34711 Country U.S.

City & State

CLERMONT, FL

Zip 34711 Country U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5/17/2000

5. FEI Number

593656011

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

500032111465
04/07/04--01066--008 **300.00

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

WENDY HOTH

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

11210 Guilford Rd.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

Wendy P. Hoth

REGISTERED AGENT MUST SIGN

Date

3/31/04

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
P	Tim, HOTH	11210 Guilford Rd.	Clermont, FL 34711
VP	WENDY, HOTH	11210 Guilford Rd.	Clermont, FL 34711

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:

Wendy P. Hoth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 407-339-2490

Date

Daytime Phone #

CR2E01 (01/04)

Date March 31, 2004

Florida Dept. of State, Division of Corporations
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Over Exposure Window Tinting, Inc
11210 Guilford Rd.
Clermont, Fl 34711

RE: OVER EXPOSURE WINDOW TINTING INC.
FEI # 593656011
Document # P00000048943

To Whom It May Concern:

I am respectfully requesting a reinstatement of the above company without penalty due to an address error; Our Company never received the 2003 annual report notice to file.

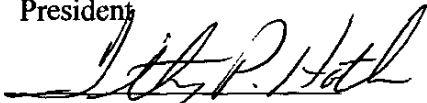
Enclosed you will find a check for \$ 300.00 paying for annual filing fees for 2003 and 2004 and request for an address change.

The address you have is 8693 Hillside Dr. Orlando, Fl 32810

The correct address is 11210 Guilford Rd. Clermont, Fl 34711.

Thank for your time in considering this matter.

Tim Hoth
President

A handwritten signature in black ink, appearing to read "Tim Hoth", written over a horizontal line.