PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

000050349 DOCUMENT #

1. Corporation Name

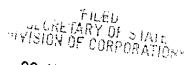
CLOUD 9 AIRCRAFT REFINISHES, INC.

Principal Place of Business

Mailing Address

3869 CROSLEY AVE. ST. CLOUD FL 34772 3869 CROSLEY AVE.

ST. CLOUD FL 34772



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			ng Office Address, If Applicable		4. Date incorp	orated or Qualified	**************************************	
	SAME		SAME			To Do Business in Florida 05/17/2000		
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. FEI Number		Applied For	
City & State	3	City & State	-		59-30	46844	Not Applicable	
Zip	Country	Zip	Ĩ	Country	CERTIFICATE	S8.7 fo	Additional Fee required ra Certificate of Status	
7. Names	and Street Addresses of Each Officer a	ind/or Director (Flor	rida nonprofit c	orporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		Stree 3 Office			City / State / Zip 4		
D	PARRISH, LAWTON W		3869 CROSLEY AVE.		ST. CLOUD FL 34772			
					- Ani	-01/16/02C -01/16/02C ****750.00	127 5 1025023 ****750.00	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
-PARRISH, LAWTON W 3869 CROSLEY AVE. ST. CLOUD FL 34772				Street Address (I	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
10. I, being	appointed the registered agent of the	above named corpo	pration, am fam	niliar with and accept the o	bligations of Secti	ion 607.0505, F.S.		
Signature o	W STEEN		していた!			1-2-	-01	

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.

REGISTERED AGENT MUST SIGN