

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000052901

1. Corporation Name

THE NEW PALM COAST AUTO BODY, INC.

FILED

02 FEB 27 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6 BULLDOG DR
BUNNELL FL 32110

6 BULLDOG DR
BUNNELL FL 32110

4365 B. HWY 100. EAST
BUNNELL FL 32110

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

4365 B HWY 100 EAST

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

County

Zip

Country

32110

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/2000

5. FEI Number

59.266.1616

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a 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
OWNER	WILLIAM M HILLS	21 CLEARVIEW CT.S	PALM COAST FL 32137

200005180982-8

04/01/02-01095-011

****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEILHEIMER, WINSTON
6 BULLDOG DR
BUNNELL FL 32110

WILLIAM M HILLS
21 CLEARVIEW CT.S
PALM COAST
FL 32137

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

32137

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12-26-01

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-28-01