

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000069061

1. Corporation Name

CRAZY JOHN BODY SHOP, INC.

Principal Place of Business

8863 NW 117 STREET
HIALEAH GARDENS FL 33018

Mailing Address

8863 NW 117 STREET
HIALEAH GARDENS FL 33018

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2000

5. FEI Number

65-1058744

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BARCENAS, CARLOS A	8863 NW 117 STREET	HIALEAH GARDENS FL 33018

8000008713118
10/30/02--01116--025 **150.00

8. Name and Address of Current Registered Agent

SAMA, ROMAN

8863 NW 117 STREET
HIALEAH GARDENS FL 33018

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-24-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02 3058289313

CR2E040 (8/02)

CRAZY JOHN BODY SHOP

8863 NW 117 STREET
HIALEAH GARDENS, FL 33018
(305) 828-9313

October 23, 2002.

To Whom It May Concern:

When we purchased our company, we founded a new corporation, but maintained the original name "Crazy John Body Shop". The purchase of the business took place in February 02, 2002 and we have yet to receive any correspondence or documentation in respect of any payment of any type of corporation fee. The previous owner did not mention the any type of corporate fee. Enclosed you will find a payment of \$150.00 for 2002 year.

Thank You,

A handwritten signature in black ink, appearing to read "Carlos A. Barcenas". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Carlos A. Barcenas
Crazy John Body Shop Director