

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 19 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047663

1. Corporation Name

S.O. BODY SHOP, INC

500134553375
08/18/08--01055--008 **1050.00

2. Principal Office Address - No P.O. Box #

3330 W MAIN ST

Suite, Apt. #, etc.

3. Mailing Office Address

3330 W MAIN ST

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL 34639

Zip

33603

Country

HILLSBOROUGH

Zip

33603

Country

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/2001

5. FEI Number
59-3753195

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

SAMUEL ORTIZ

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

3330 W MAIN ST

Suite, Apt. #, Etc.

City

TAMPA, FL 34639

State

FL

Zip Code

33603

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Samuel Ortiz

REGISTERED AGENT MUST SIGN

Date

8-12-08

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
PD	SAMUEL ORTIZ	3330 W MAIN ST	TAMPA, FL 34639

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 contained in Chapter 119, 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:

Samuel Ortiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-12-08

Daytime Phone #

813-873-7608