

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *B / 82*

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000106785**

1. Corporation Name

**HYDE PARK FABRICATION & COLLISION, INC.**

Principal Place of Business

Mailing Address

1702 W. CASS ST.  
TAMPA FL 33606

1702 W. CASS ST.  
TAMPA FL 33606

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

**FILED**

**01 JUL 12 PM 3:50**

000039028180  
07/12/04--01051--012 \*\*315.00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



700035535037  
05/05/04--01048--008 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/06/2001**

5. FEI Number

**59-3754125**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	ZULICH, MICHAEL	1702 W. CASS ST.	TAMPA FL 33606

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZULICH, MICHAEL  
1702 W. CASS ST.  
TAMPA FL 33606

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

REGISTERED AGENT MUST SIGN

Date

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

**MICHAEL ZULICH PRES.**

Date

**813/254-4171**

Daytime Phone #

CR2E040 (7/03)

ps 2 of 3

**HYDE PARK FABRICATION & COLLISION, INC.**

1702 WEST CASS ST.

TAMPA, FL. 33606

813 254-4171

FAX 813 254-3744

June 24, 2004

Florida Department of State

Division of Corporations

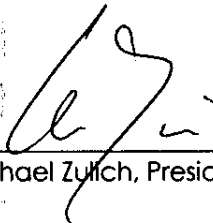
409 East Gaines St.

Tallahassee, FL 32399

Subject: Ref # P01000106785

*Report for 2003*

The Corporation Annual Reinstatement Form were never received by our office, and I was informed that I was to notify your office in writing. Therefore, please accept this letter as such notification.



Michael Zulch, President