PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000121450

1. Corporation Name

ALL AMERICAN AUTO PAINTING, INC.

Principal Place of Business

Mailing Address

FILED

03 OCT 16 AH 9:03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2011 N.E. 154TH ST. MIAMI FL 33162			2011 N.E. 154TH ST. MIAMI FL 33162			MENNOVATEMENT 03				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									<u> </u>	The same of the sa
2. New Pri	ncipal Office A	Address, If Applicable	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			12/27/2001 5. FEI Number Applied For				
City & State	,		City & State							Not Applicable
Zip Country			Zip		Country	6. CERTIFICAT		OF STATUS DESIRED	\$8.75 Add	ditional Fee required ertificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										<u></u>
Title(s)	le(s) Name of Officers and/or Directors					eet Address of Each icer and/or Director		City / State / Zip		ip
PSTD	VALOY, JULIO			2011 N.E. 154TH ST.			MIAMI FL 33162			
							801	002386 18-01088-6	6318	
							- 10/17/1 	13 - 01003 - 0 	1 02 **1 5	50.00
				<u> </u>						
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent Name				
JULIO, VALOY						Suite, Apt. #, Etc. City State Zip Code				
10 bais=	annointed the	a registered agent of the		vestion are f			Nigotions - Co	DD 207 0505 5.0	FL STATE OF SER	
Signature of Registered	f	e registered agent of the abo	·	; '		accept the ob	orgations of Section		517.0505, F.S.	
	<u> </u>									

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:

JRE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

365-944-9461

To Whom it May Concern:

Plase be advised that due to an interruption in mail delivery as a result of a fire we did not get our 2003 UBR in the mail until early August.

Additionally, the I.R.S. did not issue our EIN number until early August as well.

In the past, we have had the UBR report returned for not listing the EIN number. We decided to wait until the number was issued to send the UBR to avoid confusion.

Please accept our check for \$150.00.

Thank you.

J. Naloy, President