

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

292

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB 26 AM 8:00

**REINSTATEMENT** 03-04  
MRS

DOCUMENT # P 02000015778

1. Corporation Name

J. B. Tint, Inc.

2. Principal Office Address

10728 WILES ROAD

3. Mailing Office Address

541 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 1.

City & State

CORAL SPRINGS, FLORIDA.

City & State

MARGATE, FLORIDA.

Zip

33076

Country

BROWARD

Zip

33068

Country

BROWARD

4. Date Incorporated or Qualified

To Do Business in Florida

03-22-2002

5. FEI Number

02-0577956

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

JEFF BUFFA

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

10728 WILES ROAD

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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

XXX Jeff Buffa

REGISTERED AGENT MUST SIGN

Date 2-10-04

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
PRES	JEFF BUFFA	3352 CELEBRATION LANE	MARGATE, FLORIDA. 33063

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 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:

XXX Jeff Buffa  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-752-5672

CR2E081 (01/04)



# *The Accounting Clinic*

We can make a difference.

February 12, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida. 32314

Gentlemen;

Enclosed is a check for \$ 300.00 payable to the Department of State which is for the reinstatement of J.B. Tint, Inc for 2003. The additional \$ 150.00 is for the tax year 2004. The corporations Federal I.D. number is 02-0577956

It is respectfully requested that the late filing fee be abated as Mr. Jeff Buffa of J.B. Tint, Inc. never received the renewal application form for his corporation.

As Mr. Buffa's new accountant, I will now receive the corporate annual report and will be certain that all future forms are filed timely. Your understanding and cooperation in this matter is appreciated.

Sincerely,

Carl Fedele, Former  
I.R.S. Field Agent

CF;rk