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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 21 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800073504918
05/01/06--01055--012 **458.75

CR2E081 (8/05)

DOCUMENT # P02000030966

1. Corporation Name
Independent Custom Paint and Body, Inc.

2. Principal Office Address	3. Mailing Office Address
2305 W. Beaver St.	← Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State
Zip: 32209 / Country: US	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 3-15-02

5. FEI Number: 59-3376580 ☐ 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: Garfield Mullings
Street Address (P.O. Box Number is Not Acceptable): 2305 W. Beaver St
Suite, Apt. #, Etc.:
City: Jacksonville | State: FL | Zip Code: 32209

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: X Garfield Mullings — REGISTERED AGENT MUST SIGN — Date: X 3-24-06

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	Garfield Mullings	2305 W. Beaver St.	Jacksonville, FL 32209
VP	Victoria Mullings	2305 W. Beaver St.	Jacksonville, FL 32209
		B 4/21/06	
		REINSTATEMENT 04-06	

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: X Garfield Mullings — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: X 3-24-06 — Daytime Phone #: X 904 651-7775

4/21/06

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Independent Custom Paint
& Body
2305 W. Beaver St
Jacksonville, FL 32209
(904) 387-1411

To whom it may concern:

This is to verify that I did not receive any annual reports notices for 2004. My company will pay the following fees of 458.00.

Sincerely

Victrina Mullins Vice President