## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEASE READ	ALLINGTRUCT	IONS BEFORE C		NG TROTORIO.	
CORPORATION REINSTATEMENT	Secretar	TMENT OF STATE by of State corporations		FILED 03 OCT -9 AH II: 41	
DOCUMENT # P020009 7995			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
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Golden Rule Paint & Body, Inc.			Ì		
			03		
2 Principal Office Address	3. Mailing Office Address (Same)		600023665446 10/03/0301043009 **158,75		
3802 BRYN MAWR ST Suite, Apt. #, etc.	Suite, Apt. #, etc.		10/03/03-*01043-*003 **130.13		
5TE.G			4. Date Incorporated or Qualified To Do Business in Florida		
City & State -ORLANDO, -FE	City & State		5. FEI Number Applied For		
Zip Country	Zip	Country	6.	/ 00.75	ĺ
32808 45			<u> </u>	OF STATUS DESIRED Status  St./3 Additional Fee required for a Certificate of Status	
Name		Address of Current Register	red Agent		
Street Address (P.OBox Number is N	VICHOLAS  otAcceptable)				
2210 Paim Suite, Apt. #, Etc.	VISTADR.				
City C				State Zip Code	
APOPKA.				FL 32712	
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 Date 10/6/3  REGISTERED AGENT MUST SIGN					CRZE081 (10/02)
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonpr	ofit corporations must list at le	ast 3 directors)		
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director	r	City / State / Zip -	
PRES FRED W. NICH	10LB2 931	O Paum Vis	TO DE	APOPKA, FL 327/2	
VP JENNIFER L. NIC	HOLAS 221	O PALM VIST	n De.	NPOPKA, FL 327/12	
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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:    ENNIFER   NICHOLAS   10/6/03 4/07-299-2164					
SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OF		P	Date Daytime Phone #	

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## Golden Rule Paint & Body, Inc FEIN 55-0796031

3802 Bryn Mawr St. Ste.G Orlando, Fl 32808 407-299-2164

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

Re: Document # P02000097995

10/6/2003

## To Whom It May Concern:

I have owned my own business for one year. I realized that this month I have to get a new city and county occupational license. In order to get these I have to provide my documents of incorporation. I went online to print off the proof and found an inactive status. I called your reinstatement department and was told I also must reinstate my corporation every year before May 1<sup>st</sup>. The customer service representative said I should have received a Uniform Business Report earlier this year. She then verified that the address in your system was incorrect. She took my correct address and said she would mail the application for reinstatement and also gave me a web site where I could download the same. She also said that I could send the \$150 fee and this request to please waive the late fee since I didn't receive the Uniform Business Report due to the incorrect address.

I have attached the Reinstatement form, the \$150 fee, and an \$8.75 fee for a Certificate of Status. If you need any additional information please feel free to call me at 407-299-2164. Thank you for your time and assistance in this matter.

Sincerely

Jennifer L. Nicholas 407-299-2164