

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 13 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000098557

**1. Corporation Name**

Classic Custom Tint Town II, Inc.

**REINSTATEMENT 2003**

800024698098  
11/14/03--01009--017 \*\*750.00

**2. Principal Office Address**

10962 Cleveland Ave.

Suite, Apt. #, etc.

City & State

Fort Myers, FL --

Zip 33907

Country

Lee

**3. Mailing Office Address**

10962 Cleveland Ave.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip 33907

Country

Lee

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

☒ 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

Michael D. Randolph

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

1619 Jackson Street

Suite, Apt. #, Etc.

City

Ft. Myers

State  
FL

Zip Code

33901

**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

REGISTERED AGENT MUST SIGN

Date

11/7/03

**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
P	Robert Butler	4127 Tiffany Street	Portage, MI 49002
VP	David Hoeksema	10962 Cleveland Avenue	Fort Myers, FL 33907
Sec	Wayne Davis	10962 Cleveland Avenue	Fort Myers, FL 33907

**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: *Wayne B. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/07/03

Date

(239) 489-2255

Daytime Phone #

CR2003 (10/02)