

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



600023938376

10/20/03--01014--032 **758.75

DOCUMENT # P02000100628

1. Corporation Name

AUTO SERVICE PAINT & BODY, INC.

Principal Place of Business

Mailing Address

2985 MICHIGAN AVENUE
KISSIMMEE FL 34744

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KISSIMMEE FL 34744

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

14-1847650

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	RODRIGUEZ, WILLIAM	902 ALABAMA WOODS LN 12153 Florida Woods Ln	ORLADNO FL 32824
V	RENUELA, MABLE R	902 ALABAMA WOODS LN 12153 Florida Woods Ln	ORLANDO FL 32824
TS	RODRIGUEZ, SALLY	2133 PIMLICO STREET	ORLADNO FL 32824

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, WILLIAM
902 ALABAMA WOODS LN
ORLANDO FL 32824

12153 Florida Woods Ln
Orlando FL
32824

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 10-13-03

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

(407) 944 1950

Daytime Phone #

CH2E040 (7/03)