

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000003484

1. Entity Name
NU FINISH PAINT & BODY SHOP, INC.



Principal Place of Business
10406 SW 184 TERR
MIAMI, FL 33157 US

Mailing Address
10406 SW 184 TERR
MIAMI, FL 33157 US

FILED
05 JAN -4 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10262004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number

010759623

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THARP, IRMA M
2525 SW 165TH TERRACE
MIAMI, FL 33157

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Irma M Tharp
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12/4/04
DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: SMITH, J. MARIE
STREET ADDRESS: 11730 SW 168TH STREET
CITY-STATE-ZIP: MIAMI, FL 33157

☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: 700043829697
STREET ADDRESS: 01/04/05--01002--006
CITY-STATE-ZIP: **150.00

TITLE: VP
NAME: PINDER, LEON B
STREET ADDRESS: 17892 SW 107TH AVENUE, #5
CITY-STATE-ZIP: MIAMI, FL 33157

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

12/4/04 305-2517013