


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000015446**

1. Entity Name  
**EDDIE'S AUTO PAINT & BODY, INC.**



Principal Place of Business      Mailing Address

1700 AVE L      1700 AVE L  
 RIVIERA BEACH, FL 33404      RIVIERA BEACH, FL 33404

2. Principal Place of Business      3. Mailing Address

1700 AVE. L      1700 AVE. L

Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

Riviera Bch. FLA.      Riviera Bch. FLA.

Zip      Zip      Country      Country

33404      33404      Palm Beach      Palm Bch.

FILED  
 04 NOV 12 PM 2: 04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



11022004    REIN-P    CR2E098 (6/04)

4. FEI Number      Applied For  
 76-0724594      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAVES, WILLIAM E  
 2405 24 LN  
 GREENACRES, FL 33463

7. Name and Address of New Registered Agent

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.

9. SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, EDDIE R	NAME	000042692050
STREET ADDRESS	16727 ORANGE BLVD	STREET ADDRESS	11/12/04--01042--008 **150.00
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Eddie Hall Sr. / Eddie Hall Sr.      11-8-04 (561-842-5124)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

To: Division of Corporations,

My name is Eddie Hall & I'm sorry but I did not receive a bill for this (Profit-Corporation Reinstatement) I had no idea it was due Oct. 1st. So I called your number and spoke to a agent. He said to write you a letter so I did. I'm a one man shop and can not afford the states charges, if you could wave them I would appreciate it very much, here is my check for \$150.00 Please help me out!

Thank you,

Eddie Hall  
(561-842-5124)