PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATIO STAŢEME	(5) (S)		S	ecretary	MENT OF State ORPORATIONS	\$1ATĘ₽	05 J	F 11.	AM 8: 4	12	192	
DOCUMENT # P0 3000077561 1. Corporation Name								SEC. TALLA	Thassle	: 5 [A] L, FLORI	TE DA		
Cen	124/	Body	& PA	int we	aks,	ink				051	ነርጂም 👍	11 15	
2. Principal	Office Addres	s		3. Mailing Office Address						固则症		1/05	
2032 W. WAShirty Fan ST													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Date Incorporated or Qualified To Do Business in Florida					
City & State			City & State				5. FEI Number Applied For						
Zip Country			Zip		Country		592	9737	σφ		Not Applicable		
3280	05-	DRAN	ge			,		6. CERTIFICAT	E OF STATUS	DESIRED _		ditional Fee required ertificate of Status	
State Basic Street Basic				7. N	ame and A	ddress of Curre	nt Registere	d Agent		- 1			
20	Name Bobby HENDERSON												
	Street Address (P.O. Box Number is Not Acceptable)								•			and the second	
i de la companya de l	Suite, Apt. #, Etc.											- Constant	
	City OR	/ANZa	•						State Zip Code FL 32-805				
8. I, being a	Make was a second of the second	CONTROL NO DESCRIPTION OF STREET		ve named corpo	ration, am f	amiliar with and a	ccept the obl	ligations of secti	ion 607.0505	or 617.050	3, F.S.		
Signature of Registered A		bly 1	Har-	 EGISTERED AG	ENT MUST	SIGN			Date _	3/13	-/05		
9. Names	and Street Add	dresses of Ea	ch Officer and	Vor Director (Flo	rida nonpro	fit corporations m	ust list at lea	st 3 directors)	1.00			in the second se	
Titles	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direc								D	
Pler.	er. Bubby Hand			erson 1216 tick st				Calardo, F(3280					
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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:													
	sig	NATURE AND	TYPED OR PR	INTED NAME OF	SIGNING OF	FICER OR DIRECTO	DR		Date	T	Daytime Pl	hone #	

292

Central Body & Paint Works Inc. 2032 West Washington Street OrlandoFL32805 407.843.1756

May 12, 2005

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

Dear Sir

I'm writing this letter to request my corporation be reinstated for 2005. I failed to file my renew paperwork and last year because I never received the notification for 2004. I would like to ask a big favor of you would it be possible for the late fee to be waived. My business as encountered hard times in the last two years. It would be greatly appreciated if you would consider waving the late fee. I am looking forward to hearing from you. I would certainly appreciate your help so I can reinstate for the year 2005. Please let me know immediately if you can do this for me.

P.S. I am in closing a check for \$300.00

Sincerely

Bobby Henderson