PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # POTOCO 1417 15 1. Coppration Name The Dent Solution Paintless Dent Repair Service, Inc Social Paint Paintless	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	07 APR 23 AH 10: 31
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 118 Nottingham Rd 118 Nottingham	1. Corporation Name		LUNETH OF STATE CALLAHASSEE, FLORIDA
Suite, Apt. #, etc. City & State Royal Palm Beach, FL Royal Palm Beach, FL Zip Country 33 + 11		,	500102636435 05/16/0701027028 **450.00
4. Date Incorporated or Qualified To Do Business in Florida 9 20 2004 Royal Palm Beach, FL Royal Palm Beach, FL Royal Palm Beach, FL Steel Number Steel Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name Carlos Namen Street Address (P.O. Box Number is Not Acceptable) 11.8 Notting am Rd. State Signature of Registered agent Agent FL 33 111 8. I. being appointed the registered agent Agent Agent With Agent Ag	·		REINSTATEMENT 05-0
City & State Roy al Palm Beach, FL Street Address of Current Registered Agent Name Carlos Namen Street Address (P.O. Box Number is Not Acceptable) 11 8 Notthingham Rol. State Laddress (P.O. Box Number is Not Acceptable) 11 8 Notthingham Rol. State Laddress (P.O. Box Number is Not Acceptable) 11 8 Notthingham Rol. State Laddress (P.O. Box Number is Not Acceptable) 11 8 Notthingham Rol. State Laddress (P.O. Box Number is Not Acceptable) 11 8 Notthingham Rol Roy al Palm Beach Roy al Palm Beach, FL Roy al Palm Beach Roy al Palm Beach, FL 33 411		Suite, Apt. #, etc.	
219 33111 USA 33111 USA 33111 USA 6. CERTIFICATE OF STATUS DESIRED 38.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent Name Carlos Namen Street Address (P.O. Box Number is Not Acceptable) 118 Nottingham Rd. Suite, Apt. #, Etc. City Royal Palm Beach State FL 33111 8. I, being appointed the registered agent the above samed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent RGCISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Name of Officers and/or Directors 118 Nottingham Rd Royal Palm Beach, FL 33111 VS1 June Names Royal Palm Beach, FL 33111	Royal Palm Beach, FL	Royal Palm Beach, FL	5. FEI Number Applied For
Name Carlos Namen Street Address (P.O. Box Number is Not Acceptable) 118 Nottingham Rd. State Palm Beach City Royal Palm Beach State FL 33 411 8. I. being appointed the registered agent of the each Registered Agent Registered Agent Name of Officers and/or Directors Name of Officers and/or Directors PD Carlos Namen Name of Namen 118 Nottingham Rd Namen 118 Nottingham Rd Namen	_ • .	'_ '	6. S8.75 Additional Fee required
VSI June Namen 118 Nottingham Rd Royal Palm Beach, FL	Name Carlos Namen Street Address (P.O. Box Number is Not Acceptable) 118 Nothingham Rd. Suite, Apt. #, Etc. City Royal Palm Beach State State State Zip Code FL 33 111 8. 1, being appointed the registered agent of Registered Agent Registered Agent Registered Agent Name of Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors Vine reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Date 1-16-07 Street Address of Each Officer and/or Director City / State / Zip City / State / Zip City / State / Zip		
			Royal Palm Beach, FL
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 contained in Chapter 119, 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: SIGNATURE: SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Imperiod To 10. Control of the corporation of the receiver of the corporation 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 contained in Chapter 119, 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: Day Imperiod To 10. Control of the corporation of the receiver of the corporation as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application is true and accurate.			

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