

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR 23 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000141715

**1. Corporation Name**

The Dent Solution Paintless Dent Repair Service, Inc

500102636435  
05/16/07--01027--028 \*\*450.00

**2. Principal Office Address - No P.O. Box #**

118 Nottingham Rd

Suite, Apt. #, etc.

**3. Mailing Office Address**

118 Nottingham Rd

Suite, Apt. #, etc.

**City & State**

Royal Palm Beach, FL

**Zip**

33411

**Country**

USA

**City & State**

Royal Palm Beach, FL

**Zip**

33411

**Country**

USA

**REINSTATEMENT** 05-07  
CR2E081 (1/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/20/2004

**5. FEI Number**

56-2486389

☐ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 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

**Zip Code**

33411

☒ The 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.

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Carlos Namen Pres.*  
REGISTERED AGENT MUST SIGN

Date 4-16-07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Carlos Namen	118 Nottingham Rd	Royal Palm Beach, FL 33411
VSI	June Namen	118 Nottingham Rd	Royal Palm Beach, FL 33411

**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:

*Carlos Namen Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07  
Date

(561)202-4205  
Daytime Phone #

24/26