

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAY -6 AM 9:25

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000147386

1. Corporation Name

Custom Car Colors, Inc.

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

2480 Pelican Court

Suite, Apt. #, etc.

R102

City & State

Clearwater, FL

Zip

33763

Country

United States

3. Mailing Office Address

P.O. Box 17203

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33762

Country

United States

800155554878  
05/06/09--01039--015 \*\*750.00

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/04

5. FEI Number  
20-1815476

☐ 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

Glenn Harrington

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

2480 Pelican Court, R102

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33763

☒ 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

*Glenn Harrington*  
REGISTERED AGENT MUST SIGN

Date 04/30/09

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
PTSD	Glenn Harrington	2480 Pelican Court, R102	Clearwater, FL 33763

REINSTATEMENT

B 5/12/09  
OS-09

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:

*Glenn Harrington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/09

Date

727-409-3175

Daytime Phone #