

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 12 AM 9 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000041597**

1. Corporation Name

**BOOY WORKS OF SW FLORIDA, INC.**

2. Principal Office Address

**4377 DOMESTIC AVE**

Suite, Apt. #, etc.

3. Mailing Office Address

**4377 DOMESTIC AVE**

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

City & State

**NAPLES, FL**

Zip

**34104**

Country

**US**

Zip

**34104**

Country

**US**

4. Date Incorporated or Qualified  
To Do Business in Florida

**6/7/1993**

5. FEI Number

**65-0412550**

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

**MICHAEL KUSINSKY**

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

**4377 DOMESTIC AVENUE**

Suite, Apt. #, Etc.

City

**NAPLES**

State

**FL**

Zip Code

**34104**

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

*Michael Kusinsky*

REGISTERED AGENT MUST SIGN

Date

**10/8/04**

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
PV TS	MICHAEL KUSINSKY	4377 DOMESTIC AVE.	NAPLES, FL 34104

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:

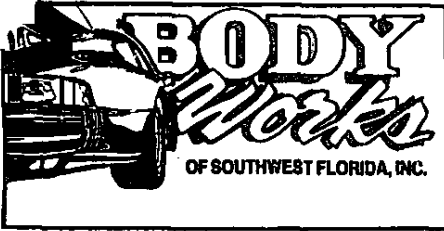
*Michael Kusinsky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/8/04**

Daytime Phone #

**239 643 2433**



*Complete Collision & Refinishing Specialists*

October 8, 2004

Division Of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Corporation annual reports

Gentlemen:

The corporation is requesting a waiver of the reinstatement fees. My company never received the 2003 annual report.

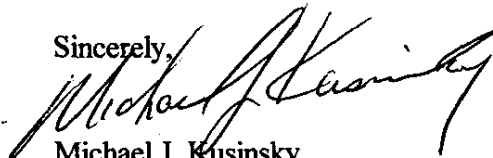
I was notified by the Florida Department of Agriculture and Consumer Services that the corporation is inactive and would need to be reinstated before the new Motor Vehicle Repair Registration Certificate can be issued.

Please find enclosed the following:

Application for reinstatement  
Check for \$308.75 for 2003 and 2004 filing fees and a Certificate of Status  
Correspondence from the Florida Department of Agriculture and Consumer Services.

Thank you in advance for your cooperation. I can be reached at (239) 643-2433 or by fax (239) 643-1207.

Sincerely,

  
Michael J. Kusinsky  
President