

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
STATE
DIVISION OF CORPORATIONS
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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000051382**

1. Corporation Name

FRANK PAINT AND BODY SHOP, INC.

2. Principal Office Address

7835 NW 53 Street

Suite, Apt. #, etc.

BAY A&B

City & State

MIAMI FLORIDA

Zip

33166

Country

3. Mailing Office Address

1615 SW 122nd Ave

Suite, Apt. #, etc.

Ste 1

City & State

MIAMI FLORIDA

Zip

33175

Country

REINSTATEMENT

98-01

4. Date Incorporated or Qualified To Do Business in Florida

7-22-1993

5. FEI Number

650424514

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

FRANKLIN J. GOMEZ

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

1615 SW 122nd Ave

Suite, Apt. #, Etc.

Ste 1

City

Miami

State

FL

Zip Code

33175

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

Date **1-03-01**

REGISTERED AGENT MUST SIGN

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
P	FRANKLIN J. GOMEZ	1615 SW 122nd Ave, Ste 1	Miami FL, 33175
			AD

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)(l), 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-03-01

Date

305-559-5877

Daytime Phone #



Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)922-4004

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

FRANK PAINT AND BODY SHOP, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,208.75