

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # P93000077839

FAST BODIES AUTOMOTIVE, INC.

01 FEB 14 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

~~2197 13TH ST~~
~~SARASOTA FL 34237~~
~~US~~

2214 HAMMOCK PLACE
SARASOTA FL 34235



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

11/05/1993

City & State
Sarasota FL

City & State
SARASOTA FL

65-0449440

Applied For

Not Applicable

Zip 34234	Country ✓ S
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Zip	34234	Count
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6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DEV	NE, CHARLES T	2214 HAMMOCK PLACE	SARASOTA FL 34235
			900003782219--5 -02/27/01--01053--007 *****150.00 *****150.00
			900003782219--5 -02/27/01--01053--008 *****750.00 *****750.00

9. Name and Address of New Registered Agent

DEVINE, CHARLES T
2214 HAMMOCK PLACE
SARASOTA FL 34235

Name _____

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

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

4024 SARASOTA AVE.
Suite, Apt. #, Etc.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code	
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24220

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-29-01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # .

CR2E040 (8/00)