

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



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

FILED

00 FEB -3 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000009297

1. Corporation Name

FL. Fender Trim, Inc.

2. Principal Office Address

812 Cochran Rd. SE

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32909

Country

USA

3. Mailing Office Address

812 Cochran Rd. SE

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32909

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/4/94

5. FEI Number

39-3222053

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

Robert J. Wendover

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

812 Cochran Rd. SE

Suite, Apt. #, Etc.

City

Palm Bay,

State

FL

Zip Code

32909

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***300.00 ***300.00

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

Robert J. Wendover

Date 2-2-00

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	Robert J. Wendover	812 Cochran Rd. SE	Palm Bay, FL 32909
S	Georgette M. Wendover	812 Cochran Rd. SE	Palm Bay, FL 32909
			KE

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:

Robert J. Wendover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00

Date

321-726-9074

Daytime Phone #

CR2081 (9/99)