

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

Did not receive  
any prior UBR  
notice

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057508

1. Corporation Name

FLORIDA FILTER AND SPRAY BOOTH MAINTENANCE, INC.

Principal Place of Business

1111 LANDSTREET RD.  
ORLANDO FL 32824

Mailing Address

P. O. BOX 489  
MIMS FL 32754



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/1994

5. FEI Number

59-3262101

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES.	JAMES W. WEAVER	3371 Kilbee St.	MIMS FL 32754
V PRES	" "		
SEC	" "		
Treas	" "		

100008791881

11/04/02--01107--015 \*\*150.00

8. Name and Address of Current Registered Agent

WEAVER, JAMES W  
1111 LANDSTREET RD.  
ORLANDO FL 32824

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-22-02

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 REQUIRED  
JAMES W. WEAVER

10-22-02

321-432-5566

Date

Daytime Phone #

CR2E040 (8/02)

**Florida Filter and Spray Booth Maintenance, Inc.**  
**P. O. Box 489**  
**Mims, Florida 32754-0489**

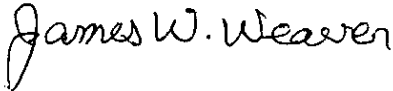
October 23, 2002

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir,

This is to inform you that I did not receive any prior UBR notices for my company. Enclosed you will find the necessary form and fee of \$150.00 to reinstate and return the corporation to "active" status.

Sincerely,



James W. Weaver

President