

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000005400**

1. Corporation Name

WALLY'S AUTO COLLISION CENTER INC.

Principal Place of Business

Mailing Address

**8237 LAKE SAN CARLOS CIR SE
FT MYERS FL 33912**

**8237 LAKE SAN CARLOS CIR SE
FT MYERS FL 33912**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1995

5. FEI Number

65-0554639

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
D	SCHLOBOHM, WALLY	8237 LAKE SAN CARLOS CIR SE	FT MYERS FL 33912

500004765355--0
-01/10/02--01073--010
******150.00 ****150.00**

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SCHLOBOHM, WALLY
8237 LAKE SAN CARLOS CIR SE
FT MYERS FL 33912**

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.

Signature of
Registered Agent

Wally Schlobohm

REGISTERED AGENT MUST SIGN

Date **12/27/01**

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:

Wally Schlobohm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/01

Daytime Phone #

941-481-3366

FILED

01 DEC 31 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)



AUTOMOTIVE FINISHES

Sherwin-Williams Automotive Finishes Corp.
13081-2 Metro Parkway
Fort Myers, Florida 33912

*To: Barbara - I am including this
note per our conversation on 12/27/01 in
regards to you lowering our fee on the
renewal due to my medical problems
that put me on disability from 3/8/01 thru 11/1/01*

CONTENTS - MERCHANDISE/POSTMASTER: This package may be opened for postal inspection if necessary.
ADDRESS CORRECTION REQUESTED/RETURN POSTAGE GUARANTEED



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Should any other confirmation be needed
Please feel free to contact me for
insurance bills or Dr's paper work.
Thank you in advance for your
kindness during our time of hardship.

K. Schloboda

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