

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

01 NOV 26 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000030386

1. Corporation Name

Appearance Plus Inc.

2. Principal Office Address

4590 Babcock St. NE

3. Mailing Office Address

4590 Babcock St. NE

Suite, Apt. #, etc.

Suite #106

Suite, Apt. #, etc.

Suite #106

City & State

Palm Bay FL

City & State

Palm Bay FL

Zip

32905

Country

USA

Zip

32905

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/1995

5. FEI Number

650578316

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

Michael Patrick

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

2199 Woodlands Way

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

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

Michael J. Patrick

Date 11-20-01

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
D	Michael Patrick	2199 Woodlands Way	Deerfield Beach FL 33442

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:

Michael J. Patrick

MICHAEL J. PATRICK 11-20-01

321 952-3838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPEARANCE PLUS, INC.

4590 Babcock Street N.E., #106
Palm Bay, FL 32905

Office: (321) 952-3838

Fax: (321) 952-4015

Nationwide: (800) 408-5020

www.appearance-plus.com

Email: aplus1@gate.net



APPEARANCE PLUS INC.
Auto Appearance Specialist

November 20, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement

Dear Division of Corporations,

We had gone to a new bank today to open a new account for the business and they informed us that our Corporation is inactive. We wouldn't have known about the inactivity of our Corporation had we not made the decision to change banks.

We had moved our Corporate Headquarters after the New Year to Palm Bay and had never received our renewal due to problems with the US postal service. We are still to this day having trouble receiving our mail that has been forwarded.

Please accept this check in the amount of \$150 along with the Application for Reinstatement.

Sincerely,

Michael J Patrick
Appearance Plus, Inc.