

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 		<h1 style="font-size: 100px; margin: 0;">96AR</h1>		<div style="text-align: right;">①</div> <p style="text-align: center; font-weight: bold;">FILED</p> <p style="text-align: center;">97 JAN 23 AM 7:57</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
DOCUMENT # 1. Corporation Name <p style="font-size: 1.2em;">The Paint Doctor of Panama City, Inc.</p> <p style="font-size: 1.2em;">PA 50000 76903</p>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Principal Place of Business <p style="font-size: 1.2em;">400 E. 15th Street Panama City, FL 32405</p> </div> <div style="width: 45%;"> Mailing Address <p style="font-size: 1.2em;">400 E. 15th Street Panama City, FL 32405</p> </div> </div>					
<p style="font-size: 0.8em;">If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <p style="font-size: 1.2em;">9/29/95</p>	
5. FEI Number <p style="font-size: 1.2em;">59 333 80 11</p>		Applied For <input type="checkbox"/> Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
P	Norman E. Shore	400 E. 15th Street	Panama City FL 32405		
			400002070424--9		
			-01/28/97--01097--004		
			****200.00 ****200.00		
8. Name and Address of Current Registered Agent <p style="font-size: 1.2em;">Norman E. Shore 400 E. 15th Street Panama City FL 32405</p>					
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="display: flex; justify-content: flex-end;"> <div style="border: 1px solid black; padding: 2px;">FL</div> </div>					
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. <div style="display: flex; justify-content: space-between;"> <div> Signature of Registered Agent </div> <div> REGISTERED AGENT MUST SIGN Date 1/15/97 </div> </div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Norman E. Shore 1/15/97 904-913-0900 <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>					

CR2E040 (12/95)



Norman E. Shore, A.D.A.O.

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attention: Amy Allen

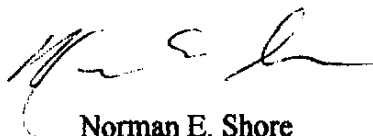
Dear Ms. Allen:

I appreciate your sending the corporate reinstatement forms to us in a timely manner. As we had discussed, I was quite confused when the bank indicated that our corporation was no longer in good standing since we have recently relocated to the state and have not had the Florida experience.

The incorporating attorney used the West palm Beach address since we had not found an address in Panama City at the time of incorporation. He was supposed to change the address, as he did on our federal tax forms, but represented the bank at the loan closing and could no longer represent us. The 1996 Annual Report forms were apparently sent to the West Palm Beach address and never forwarded to us in Panama City and this being our first year never knew enough to miss them.

As you suggested, enclosed is our check in the amount of \$200 for the 1996 Annual Report fee. We will be sending the fee for 1997 under separate cover so as not to confuse and further compound the situation.

Thanks for your help in this matter. If you require any additional information please let us know.



Norman E. Shore