


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 AUG 10 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # P95000086229

1. Corporation Name

JIM MUELLER REFINISHING, INC

2. Principal Office Address 4805 SORRENTO CT.	3. Mailing Office Address 4805 SORRENTO CT.
---	---

Suite, Apt. #, etc.

#9

Suite, Apt. #, etc.

#9

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

Zip
33904

Country
USA

Zip
33904

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/08/1995

5. FFL Number
65-0619238

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
JIM MUELLER

Street Address (P.O. Box Number is Not Acceptable)
4805 SORRENTO CT

Suite, Apt. #, Etc.

#9

City
CAPE CORAL

State
FL

Zip Code
33904

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



REGISTERED AGENT MUST SIGN

Date

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	JIM MUELLER	4805 SORRENTO CT.	CAPE CORAL, FL - 33904
			B 8/11/06
		REINSTATEMENT	02-04
			000078753860
			08/15/06--01024--005 **1350.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #