

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 98AR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000089134

1. Corporation Name

ACCURATE AUTO BODY SHOP, INC.

DBA Picture Paradise

Principal Place of Business

Mailing Address

2708 SW 8TH STREET
MIAMI FL 33135

2708 SW 8TH STREET
MIAMI FL 33135

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

11/21/1995

5. FEI Number

65-0664057

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	DIAZ, MARIO	1623 SW 19TH TERRACE	MIAMI FL 33145
VPD	DIAZ, LINDA	1623 SW 19TH TERRACE	MIAMI FL 33145
			200002701792--8 -12/03/98--01065--023 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

DIAZ, MARIO
2708 SW 8TH STREET
MIAMI FL 33135

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.

Signature of
Registered Agent

Linda Diaz

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-17-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Linda Diaz RELINDA DIAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-17-98 305-643-0585

Daytime Phone #

11-11-98

To whom it may concern, 2

I, Linda Diaz, received a notice of dissolution or revocation on 11-14-98. The notice says I have til Oct 16, 1998.

I didn't receive a bill til now 11-14-98. I called 850-487-6059 and spoken with Mr. Tyrone Scott and he told me to write this letter and send a check for \$150.00 and that they would waive the late charges.

Attached is a notice where I corrected DBA and address ~~for~~ ¹⁹⁹⁶ year in December.

Please let me know if you need further information call 10:AM to 6:00PM 305-643-0585.

Sincerely

Linda Diaz