

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 13 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000022396**

1. Corporation Name

MISTER PARTS WASHER, INC.

Principal Place of Business

**10402 S.W. 50TH COURT
COOPER CITY FL 33328**

Mailing Address

**10402 S.W. 50TH COURT
COOPER CITY FL 33328**



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

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0662383

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	PADUANO, CHARLES	10402 S.W. 50TH COURT	COOPER CITY FL 33328

200002349882--5
-11/18/97--01014--004
****173.75 ****173.75

11-1307

8. Name and Address of Current Registered Agent

**PADUANO, CHARLES
10402 S.W. 50TH COURT
COOPER CITY FL 33328**

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

Charles A. Paduano

REGISTERED AGENT MUST SIGN

Date

11-11-97

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:

Charles A. Paduano **Charles A. Paduano** 11-11-97 954-327-8444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)

Dear Sirs,

As Per Our Telephone Conversation
Annual reports were not received by your
company. Thank you for your
consideration

Charles A. Packer
Pres.