

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 27 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000040191**

1. Corporation Name
Tracy's Auto Upholstery, Inc.

500003511215--5
-12/22/00--01020--018
****750.00 ****750.00

2. Principal Office Address 102 W Crystal Lake ST.		3. Mailing Office Address SAME	
Suite, Apt. #, etc. UNIT A		Suite, Apt. #, etc.	
City & State ORLANDO, FL.		City & State	
Zip 32806	Country ORANGE	Zip	Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida		Applied For
5. FEI Number 59-3386059		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name JUNE F. Schiavoni			
Street Address (P.O. Box Number is Not Acceptable) 102 W Crystal Lake ST.			
Suite, Apt. #, Etc. UNIT A			
City ORLANDO	State FL	Zip Code 32806	

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: *[Signature]* Date: **11/16/00**

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	JUNE SCHIAVONI	102 W Crystal Lake ST.	ORLANDO, FL. 32806

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: *[Signature]* **JUNE F. Schiavoni** Date: **11/16/00** Daytime Phone #: **407841-7947**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)

