

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 29 PH 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000059166

1. Corporation Name

Minshew Paint & Touch up, Inc

REINSTATEMENT

03-04

2. Principal Office Address

103 Cherokee St

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 561

Suite, Apt. #, etc.

City & State

Satsuma, FL

City & State

Satsuma, FL

Zip

32189

Country

Putnam

Zip

32189

Country

Putnam

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/1/1997

5. FEI Number

59-8462292

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

Lenora J Minshew

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

103 Cherokee Street

Suite, Apt. #, Etc.

City

Satsuma

State

FL

Zip Code

32189

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**

Lenora J. Minshew

Date

3/18/04

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 |
|-----------|--------------------------------------|---|--------------------------|
| <u>P</u> | <u>Lenora J Minshew</u> | <u>103 Cherokee St</u> | <u>Satsuma, FL 32189</u> |
| <u>VP</u> | <u>Willis I Minshew</u> | <u>103 Cherokee St</u> | <u>Satsuma, FL 32189</u> |
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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:

Willis I Minshew - WILLIS I. MINSHEW

Date

2/18/04

Daytime Phone #

23867
649.9339

CR2E081 (01/04)