

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000074389

1. Corporation Name

DOUBLE INTENSITY, INC.

Principal Place of Business

5530 US HWY ONE
PORT ORANGE FL 32127

Mailing Address

5530 US HWY ONE
PORT ORANGE FL 32127

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT



100023900441
10/17/03--01033--028 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1997

5. FEI Number

59-3466369

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	4 City / State / Zip
PTSD	BEESLEY, JOY S	5530 US HWY ONE	PORT ORANGE FL 32127

8. Name and Address of Current Registered Agent

BEESLEY, JOY
5530 US HWY 1
PORT ORANGE FL 32127

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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:

Joy Beesley Joy Beesley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

10-9-03

Daytime Phone #

(386)
761-2825

CR2E040 (7/03)

FROM: DOUBLE INTENSITY INC.
DOE # P97000074389
Rose Bay

Auto Body

OCTOBER 9, 2003

TO WHOM IT MAY CONCERN:

I am writing this letter to notify the appropriate persons that no prior notification was given or received. We had not received any prior UBR notices as of the date of OCT. 9/2003 until we received a Rework notice on OCT. 9/2003. This letter is hereby asking for a waiver of the Reinstatement fee and request that we be reinstated immediately. Your co-operation in this matter would be GREATLY appreciated.

Yours TRULLY;
Robert & Joy Basley
Joy Basley
(PRESIDENT)

Please find check # 8081
for \$150.⁰⁰ enclosed.