PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -5 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000103799

1. Corporation Name
RONNIE SETSER'S CUSTOM INC.

2. Principal Office Address	3. Mailing Office Address
732 1/2 N. DALE MABRY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL. 33609	City & State
Zip / Country	Zip / Country

03-04
400035534984
05/05/04--01048--005 **300.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3473714 ☐ 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: SETSER, RONNIE

Street Address (P.O. Box Number is Not Acceptable): 317 E AZALEA AVE.

REINSTATEMENT

Suite, Apt. #, Etc.

City: TAMPA FL. State: FL Zip Code: 33612

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 _____ Date 4-26-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PRES	SETSER, RONNIE	317 E. AZALEA AVE	TAMPA FL. 33612
V.PRES	SETSER, KIMBERLY	317 E. AZALEA AVE	TAMPA FL. 33612

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: Kimberly Setser 4-26-04 813-879-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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RONNIE SETSERS CUSTOM, INC.

The Paint and Body Specialists

732 1/2 N. Dale Mabry & State Street • Tampa, Florida 33609

(813) 879-1616 • Fax (813) 879-1141

registration # MV-33889

NAME					PHONE		DATE/TIME
ADDRESS					ENGINE TYPE 4CYL 6CYL 8CYL ROT		DEPOSIT $
CITY					PS AC PB		TRANSMISSION STD AUTO
YEAR	MAKE	MODEL	STATE	LICENSE NO.	MILEAGE IN	MILEAGE OUT	BODY STYLE NO.	SERIAL NO.

RE-PAIR	RE-PLACE	DESCRIPTION OR OPERATION	PARTS	LABOR	PAINT	SUBLET OR MTL.
		N LKQ A/M RECOND				

To whom it may concern:
This letter is to inform you that we did not receive our renewal application. I was out due to the birth of our child + was notified by the Dept of Agriculture that our Corp. was not renewed.
They are now working to send our Dept of Agriculture motor vehicle reg. to us once we have be reinstated.
Thank You, Kim Setsers - Vice President
Ronnie Setsers - President

		TOTAL LABOR	

INSURANCE COMPANY		
FILE NO.	CLAIM NO.	DEDUCTIBLE
ADJUSTER		PHONE NO.

DATE PARTS ORDERED	TOTAL PARTS	
FROM	TOTAL PAINT	
EXPECTED DEL. DATE	TOTAL SUBLET OR MTL.	
SCHEDULED WORK DATE	TOTAL AND/OR STORAGE	
PROMISED BY	TOTAL SERVICE	
MECHANIC'S NAME	TAX	
ESTIMATOR'S NAME	GRAND TOTAL	

PAYMENT METHOD: CASH CHECK VISA MC AM. EXPRESS

ESTIMATE IS BASED ON: FLAT RATE HOURLY RATE BOTH

$45.00 CHARGE FOR MAKING A REPAIR PRICE ESTIMATE UNLESS OTHERWISE NOTED:

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW AND SIGN:

I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $100.00

All Parts and Labor are warrantied for _____ months/ _____ miles