

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 17 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000015912

1. Corporation Name

MARGATE PAINT + BODY INC.

2. Principal Office Address - No P.O. Box #

206 MARGATE COURT

Suite, Apt. #, etc.

3. Mailing Office Address

206 MARGATE COURT

Suite, Apt. #, etc.

City & State

MARGATE, FL

City & State

MARGATE, FL

Zip

33063

Country

USA

Zip

33063

Country

USA

700172440657

03/17/10--01037--021 **758.75

REINSTATEMENT

06-10

4. Date Incorporated or Qualified
To Do Business in Florida

2/18/1998

5. FEI Number

59-3503199

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

KIP SHEEHAN

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

206 MARGATE COURT

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

X Kip Sheehan

REGISTERED AGENT MUST SIGN

Date

3/10/2010

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
PD	KIP SHEEHAN	206 MARGATE COURT	MARGATE, FL 33063

10. E-mail Address: Cvette 1996 @ aol.com

(To be used for future annual report notification)

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. I further certify, 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:

X Kip Sheehan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIP SHEEHAN, PRES.

Date

Daytime Phone #

3/10/2010 954-973-8441

3/12/10