

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 1:20

DOCUMENT # P99000030376

1. Corporation Name

MIAMI DADE PAINT & BODY, INC.

Principal Place of Business

8038 NW 103 ST #34
HIALEAH GARDENS FL 33016

Mailing Address

8038 NW 103 ST #34
HIALEAH GARDENS FL 33016

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1999

5. FEI Number

65-0906734

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 |
|---------------|---|--|------------------------------|
| PSD | WASSERMAN, ROBERT | 8038 NW 103 ST #34 | HIALEAH GARDENS FL 33016 |
| | | <i>Correct mailing address</i> 10218 N.W. 85th Ave | Hialeah Gardens, Fl. 33016 * |
| | | | 100003440381-5 |
| | | | 10/26/00-01054-006 |
| | | | ****150.00 ****150.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

WASSERMAN, ROBERT
8038 NW 103 ST #34
HIALEAH GARDENS FL 33016

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/11/2000

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/2000

Date

(905) 828-9255

Daytime Phone #

CR2E040 (8/00)

10/11/2000

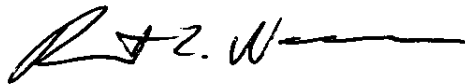
**TO: DIVISION OF CORPORATIONS
ANNUAL REPORT / REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE FL. 32314-632**

**FROM: MIAMI DADE PAINT & BODY INC.
10218 N.W. 80th AVE.
HIALEAH GARDENS, FL. 33016**

TO WHOM IT MAY CONCERN,

My name is Robert Wasserman, I am the president of Miami Dade Paint & Body Inc. I write you to ask for a 1 time overturn on the late fee. I promise to you that I never received the first bill for my annual report, or I would have paid right away. I realize that I did not supply you with my correct mailing address, and that is my fault. I ask for forgiveness, and one chance to proof to you that this will never happen again, now that I have supplied you with my correct mailing address. If you should have any questions please call me at (305) 828-9255.

Thank you for considering my request,



**Miami Dade Paint & Body Inc.
Robert L. Wasserman / Pres.**