

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR -8 PM 7:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000037903

1. Corporation Name

PAINT DEPOT INC.

Principal Place of Business

307 ANSIN BLVD  
HALLANDALE FL 33009

Mailing Address

307 ANSIN BLVD  
HALLANDALE FL 33009

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

04/26/1999

5. FEI Number

65-0916883

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-02

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	HOROWITZ, EDDIE	307 ANSIN BLVD	HALLANDALE FL 33009

300005491733--8  
-05/08/02--01043--024  
\*\*\*\*\*300.00 \*\*\*\*\*300.00

8. Name and Address of Current Registered Agent

COHN, ALAN B  
2021 TYLER STREET  
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

EDDIE HOROWITZ

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

307 N.E. 167 ST

Suite, Apt. #, Etc.

City

N.M.B

State

FL

Zip Code

33162

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]*

REGISTERED AGENT MUST SIGN

Date

4-3-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 954 806 5252

Date

Daytime Phone #

CR2E040 (8/01)