

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 30 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000040327**

1. Corporation Name

Tint 2000 of South Florida, Inc.

2. Principal Office Address

140 Saratoga Blvd. East

3. Mailing Office Address

140 Saratoga Blvd. East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach, FL

Zip

33411

Country

Zip

33411

Country

4. Date Incorporated or Qualified
To Do Business in Florida -

4/29/1999

5. FEI Number

850920419

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

Kerth A. James, Esq.

800075973238

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

4510 Portofino Way

Suite, Apt. #, Etc.

Suite # 209

City

West Palm Beach

State

FL

Zip Code

33409

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

[Signature]

Date *May 24, 2006*

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|----------------------------|
| P.D. | Troy Byron | 140 Saratoga Blvd. East | Royal Palm Beach, FL 33411 |
| | | | |
| | | <i>[Signature]</i> | |
| | | | |
| | | | |
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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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 25, 2006
Date

(561) 629-6189
Daytime Phone #