PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
96 DEC 27 PM 4:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S73775

1. Corporation Name
P. S. AUTO PAINTING, INC.

REINSTATEMENT 94-96 AR

400002040574--8
DO NOT WRITE IN THIS SPACE

Mailing Address	Principal Place of Business
3725 NW 79th Street Miami, FL 33147	3725 NW 79th Street Miami, FL 33147

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, if Applicable	3. New Principal Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/16/1991

5. FEI Number: 65-0279285 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/D	CATALDO SAVO	3725 NW 79th Street	Miami, FL 33147
V/T/D	FRANK MAIORANO	3725 NW 79th Street	Miami, FL 33147

8. Name and Address of Current Registered Agent

LAURIE P. EVANS
328 MINORCA AVENUE
CORAL GABLES, FL 33134

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Rm.
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 607.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 12/26/1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is claimed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] Cataldo Savo 12/26/96 (305)696-3700
SIGNATURE AND TYPED OR PRINTED NAME OF WINNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 203560 8774A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 783.75

ORDER DATE : December 27, 1996

ORDER TIME : 1:18 PM

ORDER NO. : 203560-005

CUSTOMER NO: 8774A

400002040574--8

CUSTOMER: Ms. Dianne Walsh
Levine & Evans
328 Minorca Avenue

Coral Gables, FL 33134

DOMESTIC FILINGS

NAME: P. S. AUTO PAINTING, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____