

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

01 OCT 22 AM 10:50

DOCUMENT # **611733**

1. Corporation Name

**CLASSIC AUTO REFINISHING, INC.**

Principal Place of Business

Mailing Address

970 NW 13TH TERR.  
 FT. LAUDERDALE FL 33311

970 NW 13TH TERR.  
 FT. LAUDERDALE FL 33311



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/05/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1889706

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	LIGHTNER, JEFFREY	970 NW 13 TERR	FT. LAUDERDALE FL 33311

700004671297--5  
 -11/07/01--01068--006  
 \*\*\*\*150.00 \*\*\*\*150.00

*Handwritten signature*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIGHTNER, JEFFREY  
 970 NW 13TH TERR.  
 FT. LAUDERDALE FL 33311

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

*Handwritten signature of Jeffrey Lightner*

Date 10-18-

REGISTERED AGENT MUST SIGN

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:

*Handwritten signature*

10-18-01 954 463 7786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR20040 (801)

To Whom It May Concern:

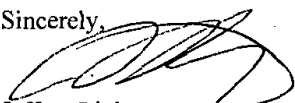
Enclosed is my Application for Reinstatement along with the \$150.00 fee.

I did not receive the original UBR form.

I have always filed and paid this timely in the past upon receipt of the form.

I respectfully request you reinstate the corporation and abate the penalties.

Sincerely,



Jeffrey Lightner