Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : COBB & COLE
Account Number : I20030000050
Phone : (386)255-1811
Fax Number : (386)238-7003

CORPORATION REINSTATEMENT

BOB'S AA & A PAINT & BODY SHOP INC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/06)

DOCUMENT # P03000080059

1. Corporation Name

BOB'S AA & A PAINT & BODY SHOP INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1995 EIDSON DRIVE	1995 EIDSON DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELAND, FL	City & State: DELAND, FL
Zip: 32724 Country: US	Zip: 32724 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 07/21/2003

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ROBERT E. SCHALK

Street Address (P.O. Box Number is Not Acceptable): 105 POINT O'WOODS DRIVE

Suite, Apt. #, Etc.:

City: Daytona Beach State: FL Zip Code: 32114

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Robert E. Schalk Date: 4/24/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida reinstatement corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Robert E. Schalk	105 Point O'Woods Drive	Daytona Beach, FL 32114

REINSTATEMENT RH

10. I certify that I am an officer or director of the corporation 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 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: Robert E. Schalk 4/24/09 386 740 2419

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGER, OFFICER OR DIRECTOR — Date — Daytime Phone #