

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 93000086391

1. Corporation Name
Arcadia Automotive Test Service, Inc.

Principal Place of Business Mailing Address
622 W. Brannen Rd.
Lakeland, FL 33813

FILED
97 APR 15 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 95-97
mw8

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

| | | |
|---|---|--|
| 2. New Principal Office Address, If Applicable 622 W. Brannen Rd. Suite, Apt. #, etc. | 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. | 4. Date Incorporated or Qualified To Do Business in Florida 1-1-94 |
| City & State Lakeland, FL | City & State | 5. FEI Number 65-04-66845 Applied For Not Applicable |
| Zip 33813 | Country U.S.A. | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| P/D | Richard E. Widdowson | 7745 Crestway Dr. | Clayton, OH 45315 |
| S/T | Jane L. Fortman | 3410 Blueberry Dr. | Lakeland, FL 33811 |
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***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | | |
|---|--|--|----------------------|
| Jane L. Fortman 3410 Blueberry Dr. Lakeland, FL 33811 | | 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 Jane L. Fortman Date 4-14-97
REGISTERED AGENT MUST SIGN

11. 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.)

12 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: Jane L. Fortman Jane L. Fortman 4-14-97 (941) 648-5572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/2/96)