

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 # **P97000094997**

1. Corporation Name

ACTION AUTO REPAIR & BODY, INC.

Principal Place of Business

11760 WILES RD
CORAL SPRINGS FL 33076

Mailing Address

11760 WILES RD
CORAL SPRINGS FL 33076

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
00 SEP -1 AM 11: 53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT **BO**

4. Date Incorporated or Qualified To Do Business in Florida

11/04/1997

5. FEI Number

65-0792869

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CORDEAU, MICHELE	11760 WILES RD	CORAL SPRINGS FL 33076
VD	PIASTA, DAVID	11760 WILES RD	CORAL SPRINGS FL 33076
			600003389696--4 -09/12/00--01041--007 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

CORDEAU, MICHELE
1350 RIVERREACH RD, SUITE 307
FT LAUDERDALE FL 33315

New Address.
13945 S Cypress Cove
Davie FL 33325

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

8-30-00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-00

Date

954
755-2255 KE

Daytime Phone #

CR2E040 (9/98)