

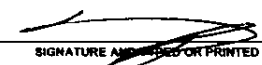


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000094997</b> 1. Entity Name <b>ACTION AUTO REPAIR &amp; BODY, INC.</b>			DIVISION OF REVENUE 06 OCT 26 AM 11:16 <b>REINSTATEMENT 06</b>
Principal Place of Business <b>11760 WILES RD CORAL SPRINGS, FL 33076</b>		Mailing Address <b>11760 WILES RD CORAL SPRINGS, FL 33076</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>10934 Wiles Rd</b> Suite, Apt. #, etc.	
City & State		City & State <b>Coral Springs FL</b>	
Zip	Country	Zip <b>33076</b>	Country <b>FL</b>
4. FEI Number <b>65-0792869</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
8. Name and Address of Current Registered Agent  <b>PRASTA, DAVID 13945 S. CYPRESS COVE CIR DAVIE, FL 33325</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <div style="text-align: right;"><b>10/24/06</b></div> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PIASTA, DAVID</b> <b>11760 WILES RD</b> <b>CORAL SPRINGS, FL 33076</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300081254833</b> <b>10/26/06--01038--016 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <div style="text-align: right;"><b>10/24/06</b></div>	DAYTIME PHONE # <div style="text-align: right;"><b>954-755-2255</b></div>