PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secreta	RTMENT OF STATE ry of State corporations	10 MAY -5 PM 1:58	
DOCUMENT # 236380 1. Corporation Name Lake Worth Auto Hospital, Inc.			REINSTATEMENT	
Principal Office Address r. No. P.O. Box # c/o Thomas E Webb, jr. 117 S. Dixie Highway 3. Mailing Office Address c/o Thomas E Webb, jr. Suite, Apt. #, etc. 4367 Harlem Rd.			200180413172 05/05/1001036007 **458.75 cr2E081 (4/10)	
4367 Harlem Rd.		n Rd.	Date Incorporated or Qualified To Do Business in Florida 05/11/1960	
Lakeworth FLA.	City & State Amherst NY	'	5. FEI Number Applied For 590899616 Not Applied be	
Zip Country 33460	^{zip} 14226	Country	6. CERTIFICATE OF STATUS DESIRED 🔀 \$8.75 Additional Fee requirer for a Certificate of Status	
7. Name and Address of Current Registered Agent			PROFIT CORPORATIONS ONLY The \$600.00 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.	
Street Address (P.O. Box Number is Not Acceptable) 612 South EAST FIFTH ANDNUE STELL Suite, Apt. #, Etc.				
City POOT LANDCOORLE, State 3730			the reinstatement lee be waived.	
I, being appointed the registered agent of the abo Signature of Registered Agent RE	ve named corporation, am		Date	
9. Names and Street Addresses of Each Officer and	Vor Director (Florida nonpr	ofit corporations must list at lea	ast 3 directors)	
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		
PVST Thomas E. Webb, J	r.	4367 Harlem Rd	Amherst NY 14226	
			M. MILLIGAN EXAMINER	
			MAY -7 2010	
^{10.} E-mail Address: tew26@cor	(To	be used for future annual report n		
filing this reinstatement application, the reason for of fees owed by the corporation have been paid. I furt as if made under cath. SIGNATURE:	lissolution has been elimina her certify, the information	stad, the comorate name satisfu	ion as provided for in chapter 807 or 817, F.S. I further certify that when fles the requirements of section 807.0401 or 617.0401, F.S., that all true and accurate, and my signature shall have the same legal effect 716 972 090	