PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

98 JUN 10 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/16/98--01063--015
***1050.00 ***1050.00

DOCUMENT # 481075 W98-12517

1. Corporation Name

Auto Repair Certified Services, Inc.

Principal Place of Business	Mailing Address
3119 South Dixie Hwy Delray Beach, Fl 33483-3256	3119 South Dixie Hwy Delray Beach, Fl 33483-3256

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

REINSTATEMENT 6-98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/14/1975

5. FEI Number: 59-1651896 ☐ 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	Jordan, Elwood O.	5605 Columbus Road	West Palm Beach Florida 33405
ST	Jordan, Barbara J.	5605 Columbus Road	West Palm Bch. Fl 33405
AV	Jordan, Larry E	Route 1, Box 3	Robinsville, NC. 28771
V	Steinmetz, Steven	5605 Columbus Road	West Palm Beach Fl 33405
AS	Steinmetz, Cheryl	5605 Columbus Road	West Palm Bch Fl 33405

6/12/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Jennife Steinmetz
Street Address (P.O. Box Number is Not Acceptable): 1120 S. F Street
Suite, Apt. #, Etc.:
City: Lake Worth State: FL Zip Code: 33460

CR2E040 (1/98)

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: Jennifer Steinmetz (REGISTERED AGENT MUST SIGN) Date: 5-26-98

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: Cheryl Steinmetz Cheryl Steinmetz 5-18-98 561-272-8761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #