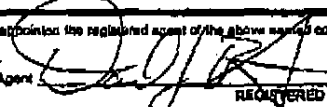
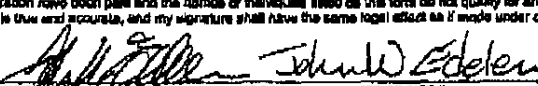


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2009 APR -1 P 1:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA CR25081 (12/07)	
DOCUMENT # 856900 1. Corporation Name INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR INCORPORATED					
2. Principal Office Address - No P.O. Box? 5125 TRILLIUM BLVD. Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.		
City & State HOFFMAN ESTATES, IL			City & State		
Zip 60192	Country	Zip 	Country	4. Date Incorporated or Qualified To Do Business in Florida 6/23/1983	
5. FEI Number 36-3117579				☐ Applied For ☒ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ 177. Additional Fee required for Certificate of Status					
7. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, etc. City Plantation					
State FL Zip Code 33324					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent  David J. Berezowski RECOVERED AGENT MUST SIGN Assistant Secretary Date 3/31/2009					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
	SEE ATTACHED				
10. I certify that I am an officer or director of 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 contained in Chapter 112, 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:  John W. Edelen Date 3/19/09 Daytime Phone # 847-463-5287 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

2008/2009 I-CAR INTERNATIONAL BOARD OF DIRECTORS

Terry W. Angell
Member-At-Large
Executive Committee
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Manager -- Body Structure/Exterior/Closures
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Service and Parts Engineering
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Director -- Environ. Safety & Production
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Vice President Claims
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Executive Committee
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President
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Fax: 707-639-5175
gene.scambray@copart.com

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TALLAHASSEE, FLORIDA

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2008/2009 I-CAR INTERNATIONAL BOARD OF DIRECTORS

Mike Schoonover
Treasurer
Executive Committee
President & CEO
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1060 W. County Rd. E.
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Manager of Network Support Services
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John W. Edelen
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Division of Corporations
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CORPORATION REINSTATEMENT

INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR I

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