

FILED

2008 JUN -3 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F01000005234**

1. Corporation Name

Hartung Collision Centers, Inc.

2. Principal Office Address - No P.O. Box #

7052 Old Cheney Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

2869 Government Blvd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32807

Country

USA

City & State

Noble, AL 36606

Zip

36606

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2002

5. FEI Number

63-1282593

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wayne Hartung

Street Address (P.O. Box # is Not Acceptable)

6596 Woodthrush

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32810

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Wayne Hartung

REGISTERED AGENT MUST SIGN

Date **06/03/08**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Wayne Hartung	6596 Woodthrush	Orlando, FL 32810

REINSTATEMENT

10. 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 contained in Chapter 119, 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:

Wayne Hartung

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 251-471-9606

Date

Daytime Phone #