FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 FEB -9 AM 11:36

TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT #

1. Corporation Name

Sterling Collision Centers, Inc.
F98000004953

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2600 N Central Expy Ste 400	2600 N Central Expy Ste 400
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Richardson, TX	City & State: Richardson, TX
Zip: 75080 Country:	Zip: 75080 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 09/01/1998

5. FEI Number: 04-3388216 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Burga Date: 02/09/2016

REGISTERED AGENT MUST SIGN

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
P	Chris Abraham	2600 N Central Expwy, Ste 400	Richardson, TX 75080
SEC	Thomas Burton	2600 N Central Expwy, Ste 400	Richardson, TX 75080
TRS	Michelle Frymire	2600 N Central Expwy, Ste 400	Richardson, TX 75080
Director	Chris Abraham	2600 N Central Expwy, Ste 400	Richardson, TX 75080

10. E-mail Address: cls-statecommunications@wolterskluwer.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Thomas W. Burton Secretary 2/2/16

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 05/13/2013 Wolters Kluwer Online

REINSTATEMENT 2015 - 2016

Florida Department of State

Division of Corporations

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Division of Corporations
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16 FEB -9 AM 10:19

TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT
STERLING COLLISION CENTERS, INC.

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