

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 and a B. Morham  
 Secretary of State  
 VISION CORPORATIONS

FILED

97 MAY 29 PM 3: 12

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

CARRERA PAINT AND BODY SHOP, INC.

Principal Place of Business

Mailing Address

1 NW 18th AVENUE  
 MIAMI, FLORIDA

SAME

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

2. New Principal Office Address, If Applicable  
 2040 NW 23rd STREET

3. New Mailing Office Address, If Applicable  
 SAME

4. Date Incorporated or Qualified To Do Business in Florida

1/25/84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-235529

Applied For

Not Applicable

City & State

City & State

MIAMI, FLORIDA

Zip

Country

33142

Country

DADE

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	CARLOS LOPEZ	11217 W. BISCAYNE CANAL DRIVE	MIAMI, FL. 33161

800002208008--1  
 -06/10/97--01093--009  
 \*\*\*1855.00 \*\*\*1767.50

REINSTATEMENT

89-97 (Cus)  
 LFT

8. Name and Address of Current Registered Agent

CARLOS LIDSKY, ESQ.  
 145 E. 49th Street  
 Hialeah, Fl. 33013

9. Name and Address of New Registered Agent

Name CARLOS LOPEZ  
 Street Address (P.O. Box Number is Not Acceptable)  
 11217 W. BISCAYNE CANAL DRIVE  
 Suite, Apt. #, Etc.  
 City MIAMI State FL Zip Code 33161

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*[Handwritten Signature]*

CARLOS LOPEZ

5/23/97

634-6068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/2/96)