2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H89744

FILED Sep 29, 2009 Secretary of State

Entity Name: CRAFTMASTER AUTO BODY GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 805 E HIBISCUS BLVD. 6933 VICKIE CIRCLE MELBOURNE, FL 32901 WEST MELBOURNE, FL 32904 US US **Current Mailing Address: New Mailing Address:** 6933 VICKIE CIRCLE 6933 VICKIE CIRCLE WEST MELBOURNE, FL 32904 MELBOURNE, FL 32904 US US FEI Number: 59-2610538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRESE, GARY 930 S HARBOR CITY BLVD MELBOURNE, FL 32901 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: GARY FRESE Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: SDT () Delete () Change () Addition RICHARDS, SUSAN Name: Name: P.O. BOX 110486 Address: Address: City-St-Zip: PALM BAY, FL 32911 City-St-Zip: Title: DV Title: () Change () Addition () Delete Name: KLENCK, JEROME W JR Name: 490 PERIWINKLE DR Address: Address: SEBASTIAN, FL 32958 City-St-Zip: City-St-Zip: Title: () Delete Title: DV DV (X) Change () Addition KLENCK, MICHAEL KLENCK, MICHAEL Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

1771 FLAMEVINE PL

VALKARIA, FL 32950

PALM BAY, FL 32909

1900 WINDBROOK DR SE

KLENCK, MARK

(X) Change () Addition

DΡ

VΡ SIGNATURE: JEROME KLENCK, JR 09/29/2009

1522 HARVARD CIRCLE #7

1900 WINDBRROK DR SE

PALM BAY, FL 32909

() Delete

MELBOURNE, FL 32905

KLENCK, MARK

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

DP