


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 87-02
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 SEP -6 AM 9:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA.

DOCUMENT # J18196
 1. Corporation Name
 FRED'S AUTO BODY, INC.

2. Principal Office Address 1100 Louisiana Ave.		3. Mailing Office Address 1100 Louisiana Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sebastian, FL		City & State Sebastian, FL 32958	
Zip 32958	Country USA	Zip 32958	Country USA

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4. Date Incorporated or Qualified To Do Business in Florida 6/5/86

5. FBI Number 59-273-5677 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Frederick H. Maio, Jr.

Street Address (P.O. Box Number is Not Acceptable): 773 Jordan Avenue

Suite, Apt. #, Etc.

City: Sebastian State: FL Zip Code: 32958

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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, P.S.

Signature of Registered Agent: *[Signature]* Date: _____
 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
PD	Frederick H. Maio, Jr.	773 Jordan Ave.	Sebastian, FL 32958
VS	Sally A. Maio	773 Jordan Ave.	Sebastian, FL 32958
TD	Sally A. Maio	773 Jordan Ave.	Sebastian, FL 32958

[Signature]
9/10/02

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 taxes 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)(l), 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: *[Signature]* 772-589-2226
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #