


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J51021			
1. Corporation Name GRIMES AUTOMATIC TRANSMISSION REPAIR INC			
2. Principal Office Address 112 DOVER ST		3. Mailing Office Address 112 DOVER ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FLA		City & State ORLANDO FLA	
Zip 32811	Country ORANGE	Zip 32811	Country ORANGE

FILED
05 JUN -1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida 1-5-1981	
5. FEI Number 592250489	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Willard Grimes	
Street Address (P.O. Box Number is Not Acceptable) 6101 W. ROBINSON ST	
Suite, Apt. #, Etc.	
City ORLANDO	State FL
Zip Code 32811	

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** Willard Grimes
REGISTERED AGENT MUST SIGN

Date 5-10-05

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	Willard Grimes	6101 W ROBINSON ST	ORLANDO FL 32835
S	RICHARD ALAN GRIMES	112 DOVER ST	ORLANDO FL 32811

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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 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: Willard Grimes WILLARD GRIMES 3-10-05 4072935496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**