PLEASE READ	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEI Sandra B. Moi Secretary of S	NT OF STATE rtham State		
DOCUMENT # J 5878	DIVISION OF CORPO	RATIONS	Then to be	
1. Corporation Name			98 SEP 22 MM 9: 1.7	
Setser's Body Shop, INC			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1960 S. Wood LAND BIND DELAND, FL 32720	Mailing Address 1960 S. Wood DELAND, FL		,	
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	ugh incorrect information and enter 3. New Mailing Office Address, If		Date Incorporated or Qualified To Do Business in Florida	In an
Suite, Apt. #, elc,	Suite, Apt. #, etc.		5. FEI Number	Applied For
City & State	City & State		59-2183813	Not Applicable
Zip Country	Zip Countr	у	CERTIFICATE OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/officers Title(s) 1. 2. Name of Officers and/or Directors	Str Of	ations must list at lea eet Address of Each ficer and/or Director se Post Office Box N	City /	State / Zip
PD Everett & Set	see 1960 S.	Mond law	6 Blux DELAND, 1	F/ 32720)
STD VANAD is Setso	NSTATEMEN	Voodland	Blud DELAND, F	9/2
8. Name and Address of Current R	egistered Agent		700002644 -09/24/98- ****900_00	-01 080016
Benjamin F WREN, III 125 W. Rich Avenue DELAND, FL 32724		Suite, Apl. #, Etc.	Fi	le Zip Code
10. 1, 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 Date 9-14-98 REGISTERED AGENT MUST SIGN				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on inlangible tax.)				
12. I certify that I am an officer or director or the receiving this reinstatement application, the reason for dissolved by the corporation have been paid and the neon this application is true and accurate, and my sign	ition has been eliminated, the corpo imes of individuals listed on this form	orate name satisfies the mode not qualify for a ect as if made under o	he requirements of section 607.0401 or 617. an exemption under section 119.07(3)(i), F.S. oath.	0401, F.S., that all tees The information indicated
SIGNATURE: STENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR & 25 9 8 Dale GO4-734-756-6				