

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 24 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K54415**

1. Corporation Name

Eur-Am Body Shop Inc.

2. Principal Office Address

4514 South Dale Mabry Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

4514 South Dale Mabry Hwy

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33611

Country

U.S.A.

City & State

Tampa, Florida

Zip

33611

Country

U.S.A.

4. Date Incorporated or Qualified

To Do Business in Florida

12/20/1988

5. FEI Number

592936176

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rick A. Fernandez

800004764968--8

Street Address (P.O. Box Number is Not Acceptable)

4514 S. Dale Mabry Hwy

-01/10/02--01040--024

Suite, Apt. #, Etc.

*****1950.00 ***1950.00**

City

Tampa

State

FL

Zip Code

33611

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

REGISTERED AGENT MUST SIGN

Date **12/19/01**

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
Pres	Rick A. Fernandez	4514 S. Dale Mabry Hwy.	Tampa, FL 33611

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)(f), 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:

Rick A. Fernandez

Rick A. Fernandez

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/01

Date

(813) 831-7674

Daytime Phone #

CR2E081 (9/00)