

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 AM 8:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000015450

Name and Mailing Address

0013517 01 AT 0.292 **AUTO T9 0 0615 33558-280801
ONSITE BODY SHOP LLC
18901 ST LAURENT
LUTZ FL 33558-2808

700026046467
01/06/04--01005--015 **150.00



2. New Mailing Address <i>18901 ST LAURENT DR.</i>		4. State/Country of Formation FL	
City, State, Zip <i>Lutz FL 33558</i>		5. Date Organized or Qualified To Do Business in Florida 06/14/2002	
Principal Place of Business 18901 ST LAURENT LUTZ FL 33558	3. New Principal Place of Business Address <i>- SAME -</i>	6. FEI Number	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent JOFFRAY, PHILLIP S 18901 ST LAURENT DR LUTZ FL 33558		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	--	--

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *SIGNATURE REQUIRED* Date _____
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	<i>Phillip Joffray</i>	<i>18901 ST LAURENT DR.</i>	<i>Lutz FL 33558</i>
MEM	<i>Kim Joffray</i>	<i>" "</i>	<i>" " 33558</i>

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. I declare on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *SIGNATURE REQUIRED* Date *12/20/03* Daytime Phone # *948-8155*

Typed or printed name of signing Managing Member/Manager