PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED AND FILED

01 DEC 12 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 11242

1. Corporation Name

AMARILLAS PAINTING & BODY SHOP, INC

REINSTATEMENT 98-2001

2. Principal Office Address	**3.** Mailing Office Address
1782 West 41 Street	P.O. Box 22651
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Hialeah, Fl	Hialeah, Fl
Zip: 33012 Country: Miami-Dade	Zip: 33002 Country: Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida: 08/24/1989

5. FEI Number: 65-0139854 ☐ 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: Francisco Orallo

900004745279--3
-12/31/01--01071--030
***1200.00 ***1200.00

Street Address (P.O. Box Number is Not Acceptable): 1782 West 41 Street

Suite, Apt. #, Etc.:

City: Hialeah, State: FL Zip Code: 33012

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: Francisco Orallo — Date: 12/07/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
	PSD Orallo, Francisco	1782 W. 41 St.	Hialeah, Fl 33012

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: Francisco Orallo — Francisco Orallo — President — 12/07/01 — 305-557-7833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #