

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JAN - 5 AM 11:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L21772**

1. Corporation Name
AZZCON PAINT & BODY SHOP, INC.

Principal Place of Business	Mailing Address
9000 N. 18TH ST. P.O. BOX 8095 TAMPA FL 33674-5095	9000 N. 18TH ST. P.O. BOX 8095 TAMPA FL 33674-5095



REINSTATEMENT *97*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: **10/10/1988**

5. FEI Number: **65-0149362** *Imp. U* Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	KEESLER JR, ROBERT G	8001 PEACOCK LANE 9000 N 18th St.	TAMPA FL Tampa FL 33604
Mgr.	Jesus Alvarez	1802 E. Skyway	Tampa FL 33604

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****750.00 ****750.00
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FL-98

8. Name and Address of Current Registered Agent

ROBERT G. KEESLER, JR.
~~3001 PEACOCK LANE~~
~~TAMPA FL 33618~~

9. Name and Address of New Registered Agent

Name: *Robert Keesler*
 Street Address (P.O. Box Number is Not Acceptable): *9000 N 18th St*
 Suite, Apt. #, Etc.: *T*
 City: *Tampa*

State: **FL** Zip Code: *33604*

10. I, 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: *[Signature]*
 REGISTERED AGENT MUST SIGN

Date: _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: *[Signature]* *Robert Keesler*
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-97
 Date

9331067
 Daytime Phone #

CP25040 (8-97)