

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

**FILED**  
 00 DEC 29 AM 10:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA *mf*

**REINSTATEMENT 2000**

DOCUMENT # M98000000933  
 1. Limited Liability Company's Name  
 Collision Team of Florida, LLC

2. Principal Office Address 1340 Cassat Avenue Suite, Apt. #, etc.		3. Mailing Office Address 500 East Ohio Street Suite, Apt. #, etc. Attn: David A. Tucker	
City & State Jacksonville, FL		City & State Indianapolis, IN	
Zip 32205	Country USA	Zip 46204	Country USA

4. State/Country of Formation Delaware, USA	
5. Date Organized or Qualified To Do Business in Florida 8-26-98	
6. FEI Number 35-2054408	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$500 Additional Fee required for a Certificate of Status.	

8. Name and Address of Current Registered Agent

Name Susan Larsh	300003524423-2
Street Address (P.O. Box Number is Not Acceptable) c/o Autocrafters International	-01/05/01--01018-005
Suite, Apt. #, Etc. 1340 Cassat Avenue	****155.00 ****195.00
City Jacksonville	State FL Zip Code 32205

9. 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 Susan Larsh Date 12-26-00  
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Collision Team of America, Inc.	500 East Ohio Street	Indianapolis, IN 46204

11. 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. 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 of Managing Member/Manager By: David A. Tucker Date 12-26-00 Daytime Phone # (317) 630-0863  
 Typed or printed name of signing Managing Member/Manager David A. Tucker, Secretary

CR2E041 (9/99)