PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -6 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004306

1. Corporation Name
Repair Shop Programs, Inc.

W04000008536

REINSTATEMENT 02-04

300032001663
04/06/04--01003--016 **297.00

2. Principal Office Address	**3.** Mailing Office Address
380 W 28 ST	380 W. 28th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riviera Beach FLA	City & State: Riviera Beach, FL
Zip: 33404 Country: PB	Zip: 33404 Country: PB

4. Date Incorporated or Qualified To Do Business in Florida: 7/30/1997

5. FEI Number: 650768762 ☐ 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: CARL Bryant

Street Address (P.O. Box Number is Not Acceptable): 380 W. 28th Street

04/01/04 01041 015 **1.75

Suite, Apt. #, Etc.

City: Riviera Beach | State: FL | Zip Code: 33404

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: _____ Date: 2/13/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	CARL Bryant	380 W. 28th Street	Riviera Beach, FL 33404
VPD	Mitchell Cason	9730 S.W. 16th Ct.	Hollywood, FL 33025
TD	Robert B. Johnson	103C Weybridge Circle	Royal Palm Beach, FL 33411
SD	melinda JOE	380 W. 28th Street Riviera Beach, FL 33404	Riviera Beach, FL 33404

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: _____ 2/13/04 561 502-3173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #