

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

06 AUG 24 AM 9:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P0000006443

1. Corporation Name

GREG'S COMPLETE AUTO REPAIR INC

2. Principal Office Address 5210 OLD WINTER GARDEN RD		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State	
Zip 32811	Country	Zip	Country

REINSTATEMENT 01-06

4. Date Incorporated or Qualified To Do Business in Florida		1/20/2000
5. FEI Number	59-3618594	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name GREGORY BRYSON		
Street Address (P.O. Box Number is Not Acceptable) 5210 OLD WINTER GARDEN RD		
Suite, Apt. #, Etc.		
City ORLANDO	State FL	Zip Code 32811

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 *Greg Bryson* Date 8/14/2006
 REGISTERED AGENT MUST SIGN

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
CEO	GREGORY BRYSON	5210 OLD WINTER GARDEN RD	ORLANDO, FL. 32811

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: *Greg Bryson* GREGORY BRYSON Date 8/14/2006 (407) 822-7640
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



Price Accounting Firm, Inc.

Price's Accounting Firm Inc.

08/12/06

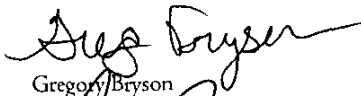
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
TALLAHASSEE, FLORIDA

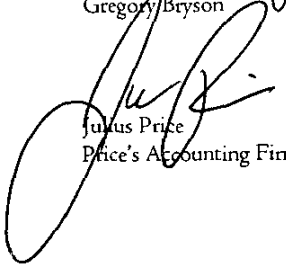
To Whom It May Concern,

This letter is to inform you that Greg's Complete Auto Repair Inc., did not receive the annual corporate report form. The corporation expired, and the corporation annual report was not mailed to the current shareholder. The current shareholder was not aware of the Annual Report and, the address of record was not updated, thus the current shareholder did not inquire about the report. Due to these facts we are asking that you wave the reinstatement fee. Enclosed is a check for the outstanding amount due over a period of six years.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,


Gregory Bryson


Julius Price
Price's Accounting Firm Inc.