2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000052688

Entity Name: CROWN AUTO BODY REPAIR & SALES INC.

FILED Oct 06, 2005 Secretary of State

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|---|--|-----------------------------------|---|--|---------------------------------|-------|--|
| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | | |
| 892 S NO\ ORMOND | /A ROAD BEACH, FL 3 | 2174 | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | | |
| 892 S NO\ ORMOND | /A ROAD BEACH, FL 3 | 2174 | | | | | |
| FEI Number: | : 59-3651980 | FEI Number Applied For() | FEI Number Not Appl | icable () | Certificate of Status Desired (|) | |
| Name and | Address of C | Current Registered Agent: | Name and | Name and Address of New Registered Agent: | | | |
| OSIVAND, 892 S NO\ ORMOND | | 2174 US | | | | | |
| | named entity e of Florida. | submits this statement for the pu | ırpose of changing i | ts registered o | ffice or registered agent, or | both, | |
| SIGNATUR | RE: BEHROZ | OSIVAND | | | | | |
| | Electron | nic Signature of Registered Age | nt | | Date | | |
| Election Car | npaign Financin | g Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | P (OSIVAND, LEE 6 SETTING SU ORMOND BEA | N TRAIL | Title: Name: Address: City-St-Zip: | () | Change () Addition | | |
| Title: Name: Address: City-St-Zip: | VP (OSIVAND, BEH 6 SETTING SU ORMOND BEA | N TRAIL | Title: Name: Address: City-St-Zip: | () | Change () Addition | | |
| Title: Name: Address: City-St-Zip: | (|) Delete | Title: Name: Address: City-St-Zip: | OFFI () OSIVAND, JAVA 6 SETTING SUN | N TRAIL | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEHROZ OSIVAND VP 10/06/2005