PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 21 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000076277

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11/26/03--01065--018 **150.00

1. Corporation Name

Babbsco Auto Collision, Inc.

REINSTATEMENT 03

2. Principal Office Address		3. Mailing Office Address	
7111 Norton Avenue		7111 Norton Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 6		Suite 6	
City & State		City & State	
West Palm Beach, FL		West Palm Beach, FL	
Zip	Country	Zip	Country
33405	Palm Beach	33405	Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 08/07/00

5. FEI Number: 65-1028017 — 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: Eduardo Pires

Street Address (P.O. Box Number is Not Acceptable): 7111 Norton Avenue

Suite, Apt. #, Etc.: Suite 6

City: West Palm Beach, State: FL Zip Code: 33405

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 11/20/03

REGISTERED AGENT MUST SIGN

CR2E081(1/03)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	Eduardo Pires	7111 Norton Avenue, Ste. 6	West Palm Beach, FL 33405

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: _____ 11/20/03 561-582-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #