PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda 2. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

J & M AUTO BODY REPAIRS, INC.

Principal Place of Business

Mailing Address

FILED

03 OCT 23 AM 10: 31

SECRETARI OF STATE TALLAHASSEF, FLORIDA

1601 S. 50TH ST 1601 S. 50TH TAMPA FL 33619 TAMPA FL 33							MISTATE!	MENT 03	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								- The state of the	
New Principal Office Address, If Applicable New Mail				ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 09/14/2000			
Suite, Apt. #, etc. Suite, Apt. #,				etc.		5. FEI Numbe	r	Applied For	
- City & State City & State							_59-3672793	Not Applicable -	
Zip Country		Zip		Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
PD	LOZADA, JOSE A			4209 AMBER RIDGE LANE			VALRICO FL 33594		
STD	LOZADA, MARIA L			4209 AMBER RIDGE LANE		VALRICO FL 33594			
				70 10/23/			0024055567 0301079016 **150.00		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
LOZADA JOSE A					Name			27/2	
LOZADA, JOSE A 4209 AMBER RIDGE LANE					Street Address (P.O. Box Number is Not Acceptable)				
VALRICO FL 33594				Suite, Apt. #, Etc.					
			•		City			tate Zip Code	
10. I, being a SIGN agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. or 617.050									
Registered Abent Date									

friency 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 ication, 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

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

11. I certify that I am an this reinstate font a

owed by the corpo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

accurate, and my signature shall have the same legal effect as if made under oath.

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

Corporation Name: J & M AUTO BODY REPAIRS, INC.

Document Number: P00000087496

Given under my hand and the Great Seal of the State of Hlorida, at Tallahassee, the Capital, this the 19th day of September, 2003.

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Glenda E. Hood Secretary of State

J & M AUTO BODY REPAIRS INC. 1601 S. 50TH ST. TAMPA, FL 33619

CERTIFIED LETTER WITH RETURN RECEIPT

October 16, 2003

Florida Department of State Division of Corporation PO Box 6327 Tallahassee, FL 32314-6327

RE: Document # P000000087496 FEIN 59-3672793

To Whom It May Concern:

Enclosed please find our check in the amount of \$150.00 dated October 17, 2003 for the reinstatement of our 2003 Annual Uniform Business Report as per the instructions received by one of your reinstatement department's agents.

As per our telephone conversation, we never received the prior reports issued by your institution for mailing issues. For that reason, I would like to resolve the problem caused by it as soon as possible.

Your prompt reinstatement of our corporation will be greatly appreciated.

Truly yours,

J & M AUTO BODY REPAIRS, INC.

Maria L. Lozada

Secretary/Treasurer