

1082
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000032564

1. Corporation Name

RON KEPPEL AUTO BODY, INC

2. Principal Office Address 3810 RADIO ROAD	3. Mailing Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NAPLES FL	City & State
Zip 34104	Country COLLIER

REINSTATEMENT

03/04

4. Date Incorporated or Qualified
To Do Business in Florida 03/26/2001

5. FEI Number
45-0464900

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
EDWARDS, DIAN M

Street Address (P.O. Box Number is Not Acceptable)
1852 40TH TERRACE SW

Suite, Apt. #, Etc.
B

City
NAPLES

State
FL Zip Code
34116

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

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
P	RON KEPPEL	3810 RADIO ROAD	NAPLES, FL 34104
			6000038199546 06/23/04-01070-001 ***00.00

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:

Ronell W. Keppele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/2004

239-643-4070

Date

Daytime Phone #

CR2E081 (01/04)