PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9: 44

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # **P01000067938**

1. Corporation Name

AMOS AUTO BODY & REPAIR, INC.

Principal Place of Business

Mailing Address

343 N. IVEY LN., STE, 9 ORLANDO FL 32811 343 N. IVEY LN., STE. 9 ORLANDO FL 32811

If above address	es are incorrect in any way, line	through incorrect in	formation and enter correction below.		ENT 03
New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/05/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01/05/2001
				5. FEI Number	Applied For
City & State		City & State		59-3734241	Not Applicable
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED	S8.75 Additional Fee require 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			
-3	BRISCOE, HOPETON	600 ROYAL LAKE CIR APT #P202	ORLANDO FL 32818			
P/S	BRISCOE, BRODERICK	9178 KISTINE CIC	ORLANDO FL-32810 ↑ 3 ≥ 78 8			
	BRISCOE, CHRISTOPHER	600 ROYAL LAKE CIR APT# P202	ORLANDO FL 32818			
1/1	BRISCOE, PAUL	3866 WEETAMOO CIRCLE	ORLANDO FL 32818			
		50: 11/03/4	0024346815 0301006004_**150.00			

Name and Address of Current Registered Agent	Name and Address of New Registered Agent		
BRISCOE, HOPETON	Name Broderick Briscoe		
343 N. IVEY LN., STE. 9	Street Address (P.O. Box Number is Not Acceptable) 9178 Pristine Circle		
ORLANDO FL 32811	Suite, Apt. #, Etc.		

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent ____



Date 10/14/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03 (4075224180)

AMOS AUTO BODY & REPAIR, INC. 343 N.IVEY LN. ORLANDO, FL 32811 BUS. 407-522-4480 FAX. 407-522-6208

10/14/03

Florida Department of State Amos Auto Body & Repair, Inc. Has not received any document from the Division of Corporations in 2003.

AMOSANO Body Sepair Tre.