

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P01000081339

1. Corporation Name

AUTOBODY CONCEPTS INC.

Principal Place of Business

7800 N.W. 53RD ST
MIAMI FL 33166

Mailing Address

7800 N.W. 53RD ST
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/2001

5. FEI Number

65-1133677

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	NEWMAN, JAMES	7800 N.W. 53RD ST	MIAMI FL 33166
SVD	NEWMAN, DENISE	7800 N.W. 53RD ST	MIAMI FL 33166

8000008753388
11/01/02--01029--020 **150.00

8. Name and Address of Current Registered Agent

NEWMAN, JAMES
7800 N.W. 53RD ST
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/28/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES NEWMAN President 10/28/02 (305) 594-2261
Date Daytime Phone #

CR2E040 (8/02)

AUTOBODY CONCEPTS INC.

7800 NW 53 STREET
MIAMI, FLORIDA 33166

Telephone 305 594-2261
Fax 305 594-5943

October 28, 2002

To Whom It May Concern,

We are sorry for any inconvenience our papers must have been lost in the mail. Please accept our check in the amount of \$150.00 to reinstate our company.

Sincerely yours,

James Newman

A handwritten signature in cursive script, appearing to read "James Newman", written in dark ink.