

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -5 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000083018

1. Corporation Name

Universal Body & Repair, Inc.

2. Principal Office Address

9943 Beach Blvd

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32246

Country

U.S.

3. Mailing Office Address

9943 Beach Blvd

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32246

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2001

5. FEI Number

593739247

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

Richard Boechat

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

9943 Beach Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

200057003882
07/05/05--01025--005 **10 0.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 7-1-05

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
D	Richard Boechat	9943 Beach Blvd	Jax, FL 32246

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick Boechat 7-1-05 904-535-8861

Date

Daytime Phone #

CR2E081 (01/05)