

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 25 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000092587

1. Corporation Name

MAXIMUM AUTO BODY, INC.

REINSTATEMENT 02-03

2. Principal Office Address

1107 53RD CT S

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33407

Country

U.S.A

3. Mailing Office Address

1107 53RD CT S

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33407

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

9-21-01

5. FEI Number

65-1135336

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

LENFORD MOWATT

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

1107 53RD CT S

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33407

300021131703

06/25/03-01033-001

**500.00

300021131703

06/25/03-01033-002

**400.00

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

Lenford Mowatt

REGISTERED AGENT MUST SIGN

Date 6-24-03

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
<u>D</u>	<u>LENFORD, MOWATT</u>	<u>590 N.W. 157 TERRACE</u>	<u>NORTH MIAMI, FL 33161</u>

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:

LENFORD MOWATT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/2/03 5618483901

Daytime Phone #

CR2E081 (10/02)