2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000110147			FILED	
1. Entity Name FENDER BLENDERS AUTOMOTIVE REFINISHING, INC.			04 DEC 30 PM 12: 45	
		SECRETARY OF STATE		
Principal Place of Business 2704 N W 45TH PLACE	Mailing Address 2704 N W 45TH PLACE		TALLAHAS	SEE, FLORIDA
GAINESVILLE, FL 32605	GAINESVILLE, FL 32605		•	
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Principal Place of Business 3. Mailing Address				
125 NE 7TH AVENUE	125 NE 7TH AVENUE			i) lings mais north trans diffi sanidds er iddi
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #. etc.		CR2E098 (6/04)
City & State	City & State	•		Applied For
HIGH SPRINGS, FL 32643 Zip Country		HIGH SPRINGS, FL Zip Country		Not Applicable
32643 ALACHUA	1 '	LACHUA	5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Curren			7. Name and Address of New R	egistered Agent
BERENGER, ELIZABETH F ELIZABET			TH F. BERENGER	
2704 N W 45TH PLACE Street Address			(P.O. Box Number is Not Acceptable) 7 TH AVENUE	
GAINESVILLE, FL 32605				
	· · · · · · · · · · · · · · · · · · ·	City HIGH	SPRINGS,	FL Zip Code 32643
The above named entity submits this statement f the obligations of gistered agent.			red agent, or both, in the State of Flo	orida. I am familiar with, and accept
Elizabeth F. Berenger				
SIGNATURE Signature, typed or printer pame of registered agen	and title if applicable. (NOTE: Registr	ered Agent signature requi		DATE
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.	00		In accordance v	vith s: 607:193(2)(b), F.S., the not receive the prior notice.
10. OFFICERS AND	DIRECTORS · 11	ĭ	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 11
TITLE PD	— =	TLE		☐ Change ☐ Addition
NAME BERENGER, ROBERT L STREEF ADDRESS 2704 N W 45TH PLACE		IREET ADDRESS		
CITY-SI-ZIP GAINESVILLE, FL 32605	Cri	TY-ST-ZIP		
TITLE VSTD		TLE	""Ner" is a "Tall with	Change Addition
NAME BÉRENGER, ELIZABETH F STREET ADDRESS 2704 N W 45TH PLACE		AME REET ADDRESS	12/30/0401	ართაათრ 858881 **150.88
CITY-ST-ZIP GAINESVILLE, FL 32605	Cit	TY-ST-ZIP	12/ 50/ 04 - 01	000 001 ***100.00
IIILE		TLE .		☐ Change ☐ Addition
NAME STREET ADDRESS	13 E	AME TREET ADDRESS		
CITY-S1-ZIP	*	TY-ST-ZIP		
TITLE .		ILE		☐ Change ☐ Addition
NAME STREET ADDRESS		AME TREET ADDRESS		
CITY-ST-ZIP	· ·	IY-SI-ZIP		ĺ
IIILE		TLE		☐ Change ☐ Addition
NAME STREET ADDRESS		AME TREET ADDRESS		
CITY-ST-ZIP		TY-ST-ZIP		
TITLE		TLE		Change Addition
NAME STREET ADDRESS		AME TREET ADDRESS	••	
CITY-ST-ZIP		TY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director				
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
CO 1 Plinsbath F Reconder				
SIGNATURE: 12/28/04 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytorie Prone #				
V				