PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTISSINT OF STATE Secretary of State DIVISION OF CORPORATIONS	04 JUL 30 AM 10: 51
	0017423 Brake Service, Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 846 N. Hasbo (City B/Vd.	3. Mailing Office Address 846 N. Halbor City Blvd.	MO
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State Melbourne, FL	City & State Me/Sousne, FL	4. Date incorporated or Qualified To Do Business in Florida 2//2/2002 5. FEI Number Applied For Not Applicable
Zip 32935 Country Brevard	32935 Country Brevard	6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Registe	ered Agent
Name Piru(e A. L Street Address (P.O. Box Number is N	. Mommers, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 235/ W. Eau Gallie Blvd. Suite. Apt. #, Etc. Suite / Suite /		
city Melbourne		State Zip Code 3 2935
Signature of Registered Agent	ove named corporation, am familiar with and accept the	obligations of section 607.0505 or 617.0503, F.S. Date
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corporations must list at	least 3 directors)
Titles Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct	
PD John Redbysn	846 N. Harbor City	y BNJ. Melbouine, FL 32935
		800038848738 07/07/0401080014**758-75
		800038848738 07/30/04-01044-001 **150.00
		MSTATEMENT 103-104
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 filling 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: Medium John Research T/1/04 321 259 1099		