

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 20 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000042477

1. Corporation Name

HAMMOND'S AUTO BODY REPAIR INC.

2. Principal Office Address

8080 NW 45 STREET

Suite, Apt. #, etc.

City & State

LAUDERHILL, FLORIDA

Zip

33351

Country

3. Mailing Office Address

8360 WEST FLAGLER STREET

Suite, Apt. #, etc.

206

City & State

MIAMI, FLORIDA

Zip

33144

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4/19/2002

5. FEI Number

30-0079760

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

HAMMOND, CARLTON

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

8080 NW 45 STREET

Suite, Apt. #, Etc.

City

LAUDERHILL

State Zip Code

FL 33351

400036932114
05/19/04--01054--010 **900.00

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

Carlton Hammond

REGISTERED AGENT MUST SIGN

Date

5.11.04

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 / Street / Zip
PD	HAMMOND, CARLTON	8080 NW 45 STREET	LAUDERHILL, FL 33351

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:

Carlton Hammond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5.11.04

Daytime Phone #