meineke® P31232

DISCOUNT MUFFLER SHOPS, INC.

Office of the General Counsel

February 13, 2002

TO: Amendment Section
Division of Corporations

SUBJECT: Meineke Discount Muffler Shops, Inc.

The enclosed **withdrawal application** and fee are submitted for filing. We are submitting an additional fee to receive a certified copy of the withdrawal certificate.
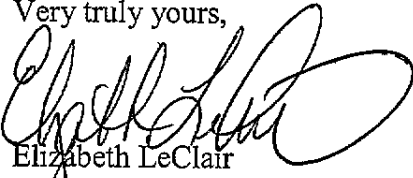
Please return all correspondence concerning this matter to the following:

Elizabeth LeClair
Meineke Discount Muffler Shops, Inc.
128 S. Tryon St., Suite 900
Charlotte, NC 28202

For further information concerning this matter, please call:

Elizabeth LeClair at 704-377-8855 extension 132 or liz_leclair@meineke.com

Very truly yours,

Elizabeth LeClair
Legal Administrator
Meineke Discount Muffler Shops, Inc.

EL

Enclosures

FILED
02 FEB 18 PM 3: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Meineke Discount Muffler Shops, Inc.
_____
(Name of Corporation)

North Carolina
_____
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
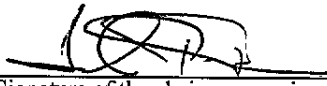
The following is a current mailing address for the corporation:

128 S. Tryon St., Suite 900
_____
(Mailing Address)

Charlotte, North Carolina.28202
_____
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

_____
Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

Secretary
_____
Title

Ted P. Pearce
_____
Typed or printed name

2/14/02
_____
Date