

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**

**Kathleen Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 NOV 29 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA3000015882**

1. Corporation Name

**Rob's Auto Body Repair, Inc.**

2. Principal Office Address

**4880-A DISTRIBUTION CRT**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

Zip

**32822**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**2-25-93**

5. FEI Number

**59-3173212**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**ROBERT A. COMBS**

**000003499690--0**

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

**4880-A DISTRIBUTION CRT**

**-12/13/00--01065--014**

**\*\*\*\*150.00 \*\*\*\*150.00**

Suite, Apt. #, Etc.

City

**ORLANDO**

State

**FL**

Zip Code

**32822**

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

*Robert A. Combs*

REGISTERED AGENT MUST SIGN

Date

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
PST	ROBERT A. COMBS	4880-A DISTRIBUTION CRT	ORLANDO, FL 32822
			LS

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:

*Robert A. Combs*  
ROBERT A. COMBS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-21-00**

Date

**(407) 282-9899**

Daytime Phone #

CR2E081 (9/99)

2062

ROB'S AUTO BODY REPAIR, INC.  
% 4880-A DISTRIBUTION COURT  
ORLANDO, FL 32822

Request taken by: sprather  
11-13-2000

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

ORIGINAL FORM NEVER RECEIVED

ROBERT COMBS  
*Robert A. Combs*