

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR REINSTATEMENT OF FLORIDA DEPARTMENT OF STATE
 KATHLEEN HARRIS Secretary of State
 CORPORATION

FILED

00 NOV 14 AM 9:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000063061

1. Corporation Name
 OCALA AUTOMOTIVE & TRUCK REPAIR, INC.

Principal Place of Business Mailing Address
 1720 NW 23RD. TERRACE 331 NW 20TH ST
 OCALA FL 34470 OCALA FL 34475
 US US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 1720 NE 23RD TERRACE
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 09/03/1993

5. FEI Number
 59-3202746
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	BURGETTE, CHRISTOPHER S.	9750 NW 30TH AVE.	OCALA FL 34475
VPS	BURGETTE, VICKY C.	9750 NW 30TH AVE.	OCALA FL 34475

200003487842--9
 -12/05/00--01075--016
 ****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent
 BURGETTE, CHRISTOPHER S
 9750 NW 30TH AVE.
 OCALA FL 34475

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent _____ Date _____
 REGISTERED AGENT MUST SIGN

11. 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: Vicky C. Burgette VICKY C. BURGETTE 11/9/00 352-732-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF 20040 (8/00)

**OCALA AUTOMOTIVE
& TRUCK REPAIR, INC.**

1720 N.E. 23rd Terrace
Ocala, Florida 34470
Phone (352) 732-6000
Fax (352) 732-8361
FL. Reg. # MV16869

20/2

11-9-00

Florida Department of State

Re: Reinstatement of Corporate Status

We did not receive prior notice due to the physical move of this company.

We are requesting a waiver of the reinstatement fees.

Enclosed is a check for \$1500.00 as per phone conversation with your representative.

Please make changes to the mailing address as follows:

Ocala Automotive &
Truck Repair, Inc.
1720 NE 23rd Terrace
Ocala, FL 34470

Thank you for your assistance in this matter.

Vicky Burgess