PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P9300007783	36
DOCUMENT #	P9300007783	3

1. Corporation Name

FAST BODIES AUTOMOTIVE, INC.

2.=New Principal Office	Address, If Applicable	3. New Mailing Office	3. New Mailing Office Address, If Applicable				
2418 ~. W. Suite, Apt. #, etc.	Ashington B	Suite, Apt. #, etc.	Shing Tow BIND				
	·	Sulta, Apr. #, etc.	•				
State State	5-	City & State SALASOTA	F1.				
Zip.	Country	Zipa	Country				
34234	N 3	54234	US				

FILED 01 FEB 14 PM 12: 52

SECRETARY OF STATE

	200120 7.0101101112,				4	ALEAHASSEE, FL'O	RIDA
Principal Place of Business Mailing Addres 2214 HAMMO		OCK PLACE				88/1 1888) 1888 1888 1888 1888 1888	
If above a	ddresses are incorrect in any way, line thr	SARASOTA F		iter correction below.		STATEME	
2.=New Prir 2418 Suite, Apt. #	mcipal Office Address, If Applicable		g Office Address んぱなんしゃ etc.		4. Date Incorp To Do Busin 5. FEI Number		1/05/1993
City & State	SOIT FE	City & State	a Fi			65-0449440	Applied For Not Applicable
3423	4 Country S	Zip3423	4 Co	untry US	6. CERTIFICATE		75 Additional Fee required or a Certificate of Status
7. Names a	and Street Addresses of Each Officer and/	or Director (Flori	ida nonprofit con	porations must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors 2		3	Street Address of Each Officer and/or Director		City / St	ate / Zip
DEVI	NE, CHARLES T		2214 HAMM	OCK PLACE		SARASOTA FL 34235	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· ·
				Helizon on .	91	00003782 -02/27/01	2195
						-U2/27/U1 ****150.00	01053007 ****150.00
				er silm en	90	0003782 02/27/01-0	2195 1053008
						****750.00	****750.00
	8. Name and Address of Current I	Registered Ager	nt		9. Name and A	ddress of New Registered	Agent
חבעוא	E CHARIES T			Name Mich A	4el J	Amo	

DEVINE, CHARLES T 2214 HAMMOCK PLACE SARASOTA FL 34235

O. Box Number is Not Acceptable)

ection 607.0505, F.S.

Date 1-29-01

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 of Registered Agent

amed corporation, am familiar w

Zip Code