

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 26 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025048

1. Corporation Name

ALJ Auto Diagnostic, Repair and Sales,
INC.

2. Principal Office Address

5620 Dawson Street

3. Mailing Office Address

5620 Dawson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33023

Country

U.S.A.

Zip

33023

Country

U.S.A.

4. Date incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

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

James Hutchinson

300003810753--4

-03/07/01-01075-023

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

5620 Dawson Street

***1050.00

***1050.00

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33023

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

[Signature]

Date 2-13-01

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres. & Sec.	James A. Hutchinson	11034 SW MANOR	DAVIE, FL 33324

REINSTATEMENT 02-01 TS

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:

[Signature]

2-13-01

Date

(954) 985-0777

Daytime Phone #