PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						FILED 97 FEB 17 PM 3: 54			
DOCUMENT # P9400045437  1. Corporation Name  CARROLLWOOD AUTO BODY, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
CARR	OLLWOOD A	UTO BODY	r, INC.			1576-6	THE BOOKER !		
Principal Place of Business Mailing Address						-			
4126 GUNN HWY TAMPA FL 33624 US			4126 GUNN HWY TAMPA FL 33624 US						
					d enter correction below.	REIN	STATEM	ENTUA-0-7	
	ncipal Office Address, I	If Applicable			fress, If Applicable	4. Date Incorpo To Do Busin	orated of Qualified less in Florida	06/13/1994	
Suite, Apt.	#, etc. 		Suite, Apt. #, etc.			5. FEI Number	59-32536 <b>55</b>	Applied For	
City & State			City & State			6.	38-3233000	Not Applicable	
Zip	Countr	у	Zip		Country		OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names			or Director (Flor	rida nonprofit	corporations must list at lea			<b>1</b>	
Title(s)		ame of Officers nd/or Directors		3 (Do	Street Address of Each Officer and/or Director NOT Use Post Office Box N	n r Numbers)	4 CH	ty / State / Zip	
P	ETMA, DOUGLAS			14068 LAKE POINT DR.			CLEARWATER FL		
D	LEDIN, CARL			16042 EAGLE RIVER WAY			TAMPA FL		
							9000020905999 -02/18/9701056021 ****923.75 ****923.75		
		_						197	
			<del></del>						
,							J.	2-17-97	
	8. Name and A	ddress of Current	Registered Age	ent	Name	9. Name and	Address of New Regist	ered Agent	
FTMAN DOUG						P.O. Box Number is Not Acceptable)			
TAMPA FL 33624				Suite, Apt. #, Etc.					
$\bigcap$					City State Zip Code				
10. I, bein	g appointed the registe	red agent of the abo	ye named corpo	oration, am fa	amiliar with and accept the c	bligations of Sect	ion 607.0505, F.S.	100	
Signature of Registered		1 bs ( T	Mo	ENT MUST	SIGN		Date 2/3	194	
11. Do	pes this corpo	ration pay a ue under S.	any intang 199.032,	ible tax Florida	to the Statutes. Yes			her side for information n intangible tax.)	
this rein	nstatement application, by the corporation have	the reason for dissi been paid and the	olution has been names of individ	ı eliminated, t luals listed oı	the corporate name satisfies	s the requirements r an exemption un	of section 607.0401 or	further certify that when filling 617.0401, F.S., that all fees , F.S. The information indicated	
SIGNA		DUG EAND TYPED OF PR	INTED NAME OF	Mo SIGNING OFFI	ICER OR DIRECTOR	ć	2/13/978	13 - 960-30 L	