PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 95-98 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 MAR -9 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94 000053804

1. Corporate Name
Good Deal Auto Body, Inc.

Principal Office Address
2720 Washington Blvd.
Sarasota, FL 34234

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

2. New Principal Office Address, If Applicable

Mailing Office Address, If Applicable

City & State

Zip | County

City & State

Country

4. Date Incorporated or Qualified To Do Business in Florida
7-18-94

5. FEI Number
59-3259510

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for a Certificate of Status

7. Name and Street Address of Each Officer and 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 (Do NOT Use Post Office Box Numbers)	City State Zip
P.D	Oscar Gutierrez	3409 Woodmont Drive	Sarasota, FL 34232

REINSTATEMENT 95-98
a. Winn
3/9/98

100002454751--4
-03/12/98--01010--003
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent
Oscar Gutierrez
3409 Woodmont Drive
Sarasota, FL 34232

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

10. I hereby appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent X Oscar W. Gutierrez Date
REGISTERED AGENT MUST SIGN

11. This corporation owes or has incurred the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of the corporation 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 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: X Oscar W. Gutierrez 3-4-98 941-359-1436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #