PLEASE READ	ALL INSTRU	UCTIONS BEFORE	COMPLETING THIS FORM.		
APPLICATION FOR REINSTATEMENT	FLORIDA D Sar Se	DEPARTMENT OF STATE ndra B. Mortham ecretary of State ION OF CORPORATIONS	FILED 07 IAN 27 AM 8:50		
DOCUMENT # P9400 1. Corporation Name ABOVE ALL AUTO BODY AN	0064056 Id paint, in	_	SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA		
cipal Place of Business Mailing Address 1 N.E. 1ST AVENUE 1181 N.E. 1ST AVENU MPANO BEACH FL 33080 POMPANO BEACH FL					
If above addresses are incorrect in any way, line th 2. New Principal Office Address, If Applicable Suite, Apt. #, etc.		Office Address, If Applicable	A. Date incorporated or Qualified To Do Business in Florida 06/30/1994		
City & State	City & State		5. FEI Number 65-0520961 Applied For Not Applicable		
Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Fk Name of Officers and/or Directors 2 PST DONOVAN, SEAN M		nonprofit corporations must list at 1 Street Address of Ea Officer and/or Direct (Do NOT Use Post Office Box 287 NW 55TH ST.			
VPS DONOVAN, ADELE J	5	287 NW 55TH ST.	COCONUT CREEK FL		
		·	7000020737477 -01/30/9701058010 *****375.00 *****375.00		
8. Name and Address of Curren	t Registered Agent		9. Name and Address of New Registered Agent		
DENMAN, JAMES B 500 E. DROWARD BLVD. SUITE 1050 -		2400	Street Address (P.O. Box Number is Not Acceptable) 2400 E. CAMMERCIAL BEVD. Suite, Apt.,#, Etc.		
FONT LAUDERDAEL FL 33394	A11	Str. Logi	H. LANDERDOLE FL 333 08		
10. I. being appointed the registered agent where Signature of Registered Agent 11. Does this corporation pay	REGISTERED AGEN	T MUST SIGN	b obligations of Section 607.0505, F.S. Date $12 - 16 - 96$		
Dept. of Revenue under S 12. 1 certify that I am an officer or director or the rec this reinstatement application, the reason for dis	. 199.032, Fl eiver or trustee empor solution has been elin e names of individuals	lorida Statutes. Yes wered to execute this application as minated, the corporate name satisfi s listed on this form do not qualify for	s provided for in chapter 607 or 617, F.S. I further certify that when filing es the requirements of section 607.0401 or 617.0401, F.S., that all fees for an exemption under section 119.07(3)(i), F.S. The information indicated		
SIGNATURE: Jun M. D.	RINTED NAME OF SIGN	SEAN M. POM	OVAN 12-16-96 91494/0270 Date Daytime Phone #		