

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *aa*
REINSTATEMENT



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

FILED

99 NOV 17 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000006273

1. Corporation Name
SOUTHERN REPAIR SERVICE INC

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 8985 NW GAINVILLE RD OCALA FL 34475 US | 8985 NW GAINVILLE RD OCALA FL 34475 US |

REINSTATEMENT *aa*

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

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, if Applicable | | 3. New Mailing Office Address, if Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01/20/1995 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-0568326 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 (Add \$1.00 for registered foreign corporations) | |

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
|---|--------------------------------------|---|--|
| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director | 4. City / State / Zip |
| P | ASBELL, W A | 8985 N W GAINVILL ROAD | OCALA FL 34475 |
| | | | 100003061011--6. -12/06/99--01013--013 *****758.75 *****758.75 |
| | | | LS |

| | | | |
|--|--|--|------------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| ASBELL, WAYNE 8985 NW GAINVILL RD OCALA FL 34475 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State Zip Code |
| | | | FL |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *aa* **REQUIRED** Date: _____
REGISTERED AGENT MUST SIGN

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: *aa* **REQUIRED** Date: *1/2/99* 352-732-6300
*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR