

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

00 JUN -2 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000023152

1. Corporation Name

5-STAR REPAIR SERVICE, INC.

W-91008

Principal Place of Business: 2594 OKLAHOMA STREET WEST PALM BEACH FL 33406
Mailing Address: 2594 OKLAHOMA STREET WEST PALM BEACH FL 33406



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: 03/11/1996
5. FEI Number: 65-0658948
6. CERTIFICATE OF STATUS DESIRED [] \$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	WHITE, LOUIS A	2594 OKLAHOMA STREET	WEST PALM BEACH FL 33406

900003299379--3
05/21/90-01082-021
***1058.75 ***1058.75

REINSTATEMENT 98-00 TS

8. Name and Address of Current Registered Agent

FROST, RONALD W
412 NORTH DIXIE HIGHWAY
LANTANA FL 33462

9. Name and Address of New Registered Agent

Name: Louis A White
Street Address (P.O. Box Number is Not Acceptable): 2594 Oklahoma Street
City: West Palm Beach State: FL Zip Code: 33406

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: [Signature] REGISTERED AGENT MUST SIGN Date: 4-3-2000

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No []

12. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-3-2000 Daytime Phone #: 561-686-3738

CR2E040 (9/98)