

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000023152**

1. Corporation Name

**5-STAR REPAIR SERVICE, INC.**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/11/1996

5. FEI Number

65-0658948

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WHITE, LOUIS A	2594 OKLAHOMA STREET	WEST PALM BEACH FL 33406

**REINSTATEMENT 03-04**  
500040036375  
08/11/04--01066--006 \*\*908.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FROST, RONALD W  
412 NORTH DIXIE HIGHWAY  
LANTANA FL 33462

Name

Jeanne White

Street Address (P.O. Box Number is Not Acceptable)

2594 OKLAHOMA ST

Suite, Apt. #, Etc.

WEST

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. or 617.0505, F.S.

Signature of Registered Agent

*Jeanne White*  
REGISTERED AGENT MUST SIGN

Date

7/20/04

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)(l), 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:

*Louis A White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/20/04

Daytime Phone #

561-6863238

CR2E040 (7/03)