PLEASE READ	ALL INSTRUCT	IONS BEFORE (COMPLETING THIS FORM.	
APPLICATION FOR	Sandra	RTMENT OF STATE B. Mortham		
		ary of State	FILED SECRETARY OF STAT DIVISION OF CORPORAT	E INNS
DOCUMENT # P96000054878			97 OCT 29 PM 2: 59	
1. Corporation Name DRIGGERS AUTO BODY, INC.				unt
				10/29
Principal Place of Business Mailing Address 3526 N PEARL ST 3526 N PEARL ST				
JACKSONVILLE FL 32206 JACKSONVILLE FL 32206				
If above addresses are incorrect in any way, line thr	ouch incorrect information a	and enter correction below.	REINSTATEMENT	97
2. New Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable			4. Date Incorporated or Qualified VI	1996
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number	Applied For
City & State City & State Zip Country		Country	<u>59-3393004</u>	Not Applicable
7. Names and Street Addresses of Each Officer and/			CERTIFICATE OF STATUS DESIRED	Certificate of Status
Name of Officers 1 Street Address of Each Officer end/or Directors City / State / Zip 1 2 3 (Do NOT Use Post Office Box Numbers) 4				
3526 Pearl St				CL 2000
PISIT Edward Drigge	15 Jack	sonuille, FI	32206 Jacksonuille, 1	-1 3Q206
				82011
8 Name and Address of Current	Periletered Agent		9. Name and Address of New Fiegistered Ager	nt
8. Name and Address of Current Registered Agent Name DRIGGERS, CHRISTOPHER A				
3526 N PEARL ST	Street Address (F	Street Address (P.O. Box Number Is Not Acceptable)		
JACKSONVILLE FL 32206				
10. I, being appointed the registered agent of the abo	up named correction am f	City		ip Code
Signature of Australia	GISTERED AGENT HUST	· · · · ·	Date $\frac{10/27}{9}$	2
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes V No (See other side for information on intangible tax.)				
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been baid and the r on this application is true and applicate, and my sig	lution has been eliminated.	the corporate name satisfies	provided for in chapter 607 or 617, F.S. I further certi the requirements of section 607.0401 or 617.0401, an exemption under section 119.07(3)(i), F.S. The i r oath.	F.S., that all fees
SIGNATURE: ESIGNATURE AND APPENOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DIRECTOR DATE Date Daytime Phone A				

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