

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064196

1. Corporation Name

National Auto Body Works, Inc.

JK

REINSTATEMENT 03-04

2. Principal Office Address		3. Mailing Office Address	
1500 N.W. 21st St.		1500 N.W. 21st St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33142	USA	33142	USA

4. Date Incorporated or Qualified To Do Business in Florida		07/31/96
5. FEI Number		Applied For
65-0685723		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.76 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name		700035559047	
Garcia, Manuel R.		05/06/04--01023--005 **900.00	
Street Address (P.O. Box Number is Not Acceptable)			
5920 S.W. 153rd Ct.			
Suite, Apt. #, Etc.			
City		State	Zip Code
Miami		FL	33193

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Manuel Garcia* Date 4/22/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Garcia, Manuel R.	5920 S.W. 153rd Ct.	Miami, FL 33193
D/S/T	Martiato, Luis	1104 Pinehurst St.	No. Lauderdale, FL 33068

10. 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)(j), 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: *Manuel Garcia* Manuel R. Garcia 4/22/04 305-325-0459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (07/04)