

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 NOV 10 PM 4:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000076970**

1. Corporation Name
XL AUTO PAINT & BODY, INC.

Principal Place of Business

Mailing Address

~~3042 STEEPLECHASE DR~~
 LAKELAND FL 33811

~~3042 STEEPLECHASE DR~~
 LAKELAND FL 33811

3042

3042

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

~~3042 Steeplechase Dr~~
 Suite, Apt. #, etc.
Lakeland, FL
 City & State

~~3042 Steeplechase Dr~~
 Suite, Apt. #, etc.
Lakeland, FL
 City & State

4. Date Incorporated or Qualified To Do Business in Florida

09/16/1996

5. FEI Number

59-3436048

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip **33811**

Country **USA**

Zip **33811**

Country **USA**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P Pres.	Michael W. Cone	3042 Steeplechase Dr	Lakeland, FL, 33811
T/S/VP	Renee E. Cone	3042 Steeplechase Dr	Lakeland, FL 33811
			4100002346524-4 -11/13/97-01055-013 ****750.00 ****750.00
REINSTATEMENT '97			
SCC 11-10-97			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONE, MICHAEL
~~3042 STEEPLECHASE DR~~ 3042 Steeplechase Dr.
 LAKELAND FL 33811

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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 *Michael W. Cone*
 REGISTERED AGENT MUST SIGN

Date **11-3-97**

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

(See other side for information on intangible tax.)

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: *Michael W. Cone* Michael W. Cone 11-3-97 941-686-8085
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (8/97)