


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000004629

1. Corporation Name

CAL BECK'S AUTO SERVICE, INC.

W04-42992

Principal Place of Business

5680 MICCO ROAD
MICCO FL 32976

Mailing Address

5680 MICCO ROAD
MICCO FL 32976

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

01/13/1997

5. FEI Number

59-3423130

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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
PD	BECK, CALVIN deceased	5680 MICCO ROAD	MICCO FL 32976
PD	Pownall, Michelle	same	same
			200042783782 12/16/04--01031--001 **\$300.00
			200042783782 11/16/04--01053--002 **\$600.00

8. Name and Address of Current Registered Agent

BECK, CALVIN
5680 MICCO ROAD
MICCO FL 32976

9. Name and Address of New Registered Agent

Name

Michelle Pownall

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

5680 Micco Rd

Suite, Apt. #, Etc.

City

Micco FL

State

FL

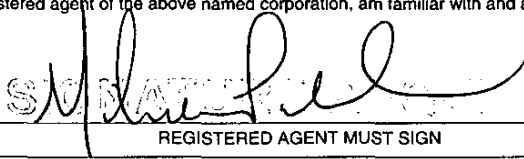
Zip Code

32976

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

X

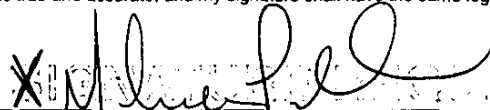

REGISTERED AGENT MUST SIGN

Date

X 11/10/04

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle M. Pownall

Date

11/10/04

Daytime Phone #

772-664-2102

FILED

04 DEC 16 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

CR2EM0 (7/03)