

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY 14 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000006470

1. Corporation Name

Polaco Paint & Body Shop, Inc.

2. Principal Office Address

1226 Opa Locka Blvd

Suite, Apt. #, etc.

City & State

Opa Locka, FLA

Zip

33054

Country

USA

3. Mailing Office Address

692 W. 29 St

Route, Apt. #, etc.

City & State

Healeah, FL

Zip

33012

Country

USA

REINSTATEMENT *OK*

4. Date Incorporation or Qualification To Do Business in Florida

5. FEI Number

65-0806723

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Polaco, Jose A.

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

1226 OPA LOCKA BLVD.

Suite, Apt. #, Etc.

City

OPA LOCKA

State FL

Zip Code

33054

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

X Jose A. Polaco

Date

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
DPST	Polaco, Jose A	1226 OPA LOCKA BLVD	OPALOCKA / FL / 33054

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 607.0301 or 617.0301, F.S., that all fees owed by the corporation have been paid and the names of individuals listed in this form do not qualify for an exemption under section 119.07(1)(c), 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: *X Jose A. Polaco*

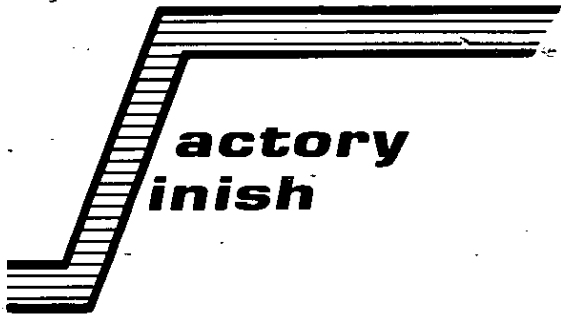
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-02

Date

305-887-4185

Telephone Number



4/26/02

TO WHOM IT MAY CONCERN:

DID NOT RECIEVE FILING
NOTICES FOR THE YEAR 2001
OR 2002.

Michael A. Hargett

MICHAEL A. HARGETT