

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 SEP 12 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000046073

1. Corporation Name

ABEL'S AUTO BODY CENTER, INC.

2. Principal Office Address
12518 TILLINGHAM CT.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip
32837

Country
USA

3. Mailing Office Address
12518 TILLINGHAM CT.

Suite, Apt. #, etc.

City & State
ORLANDO, FL 32837

Zip
32837

Country
USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 05/21/1998

5. FEI Number
59-3585784

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
HENDRY, STONER, CALANDRINO & BROWN, P.A.

Street Address (P.O. Box Number is Not Acceptable)
20 N. ORANGE AVENUE

Suite, Apt. #, Etc.
Suite 600

City
ORLANDO

700079940677
09/19/06--01019--007 **1090.00

000079940720
09/19/06--01019--008 **8.75

State
FL

Zip Code
32801

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

Hendry, Stoner, Calandrino & Brown P.A.
Stoner Brown

REGISTERED AGENT MUST SIGN

Date *9/11/06*

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
P,S,D	ARGENTINA G. FERNANDEZ	12518 TILLINGHAM CT.	ORLANDO, FL 32837

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 contained in Chapter 119, 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 Argentina Fernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 11, 2006

Date

Daytime Phone #