PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC -1 PM 4:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000085992

1. Corporation Name: FAULKNER'S AUTO BODY, INC.

2. Principal Office Address	3. Mailing Office Address
11219 S. Orange Blossom Trail	PO Box 290298
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Tampa FL
Zip: 32837 Country: USA	Zip: 33687-0298 Country: USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida: 10/7/98

5. FEI Number: 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: Lexis Document Services Inc.

Street Address (P.O. Box Number is Not Acceptable): 3953 W.W. Kelley Road

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32311

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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: Cynthia Woodyard as agent (REGISTERED AGENT MUST SIGN) Date: 12-01-00

CR2E081 (3/99)

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
Pres.	Dave Mitchell	10936 N. 56th St. Suite 201	Temple Terrace FL 33617
		~~Temple Terrace FL 33617~~	

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 in 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: _____ DAVE Mitchell 11/30/00 813-984-6937 KE

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