PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000008270**

1. Corporation Name

GAULT AUTOBODY & RESTORATION, INC.

Principal Place of Business

4350 NW 19 AVE

SIGNATURE

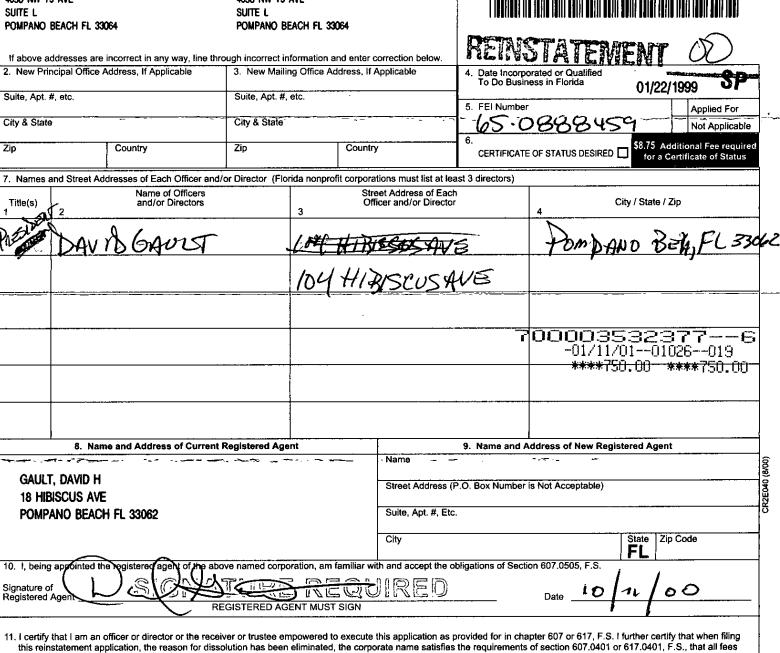
Mailing Address

4350 NW 19 AVE

FILED

ODDEC 26 PM 2: 04

SECRETARY OF STATE
TALLAHASSEE FEORIDA



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

BH, GAUCT 10/11/00

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI