

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 AUG -4 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000010857

1. Corporation Name

THE SAAB SHOP

2. Principal Office Address

1001 N. Dixie Highway

Suite, Apt. #, etc.

3. Mailing Office Address

1001 N. Dixie Highway

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

USA

City & State

West Palm Beach, FL

Zip

33401

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02-01-1999

5. FEI Number

65-0891487

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

600021998046  
08/04/03--01002--005 \*\*308.75

7. Name and Address of Current Registered Agent

Name

Larry D. Washington

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

1001 N. Dixie Highway

Suite, Apt. #, Etc.

City

West Palm Beach

State  
FL

Zip Code  
33401

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

*Larry D. Washington*

REGISTERED AGENT MUST SIGN

Date

7-30-03

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
PD	Larry D. Washington	1001 N. Dixie Highway	West Palm Beach, FL 33401

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 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:

*Larry D. Washington*

LARRY D. WASHINGTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-03

Date

561-844-7222

Daytime Phone #

CR2E081 (10/02)

7/8/4

# *The Saab Shop*

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1001 N. Dixie Highway • West Palm Beach, FL 33401 • 561-844-7222

July 30, 2003

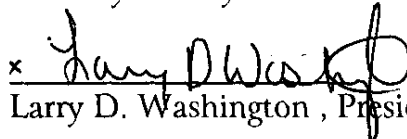
Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Enclosed is a Corporation reinstatement form for my Corporation. My address changed in the summer of 2001 and I did not receive the Uniform Business Report.

My accountant contacted your office on Wednesday, July 30th and was advised that I needed to fill out the reinstatement form and send a check for \$150 for each year that I missed and \$8.75 for a certificate of status.

Please fax a copy of the Certificate of Status as soon as possible to my accountant at 954-227-7828.

Thank you for your assistance,

x   
Larry D. Washington, President-The Saab Shop