


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | |
|---|-----------------------|---|----------------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P99000027496 | | | |
| 1. Corporation Name FIRST AMERICAN AUTO COLLISION CENTER & SALES, INC. | | | |
| 2. Principal Office Address 1010 W. AMELIA ST | | 3. Mailing Office Address SAME | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State ORLANDO, FLORIDA | | City & State | |
| Zip 32805 | Country USA | Zip | Country |

FILED
02 APR -4 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****450.00 ****450.00

| | |
|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida | 3/19/1999 |
| 5. FEI Number | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | |
|---|-----------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name | IMRAN CHAUDHRY |
| Street Address (P.O. Box Number is Not Acceptable) | 5144 WELLINGTON PARK CIRCLE |
| Suite/Apt. #, Etc. | #CH12 |
| City | ORLANDO |
| State | FL |
| Zip Code | 32839 |

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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

Imran Chaudhry

REGISTERED AGENT MUST SIGN

Date

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 |
|-----------|-----------------------------------|--|--------------------|
| President | IMRAN CHAUDHRY | 5144 Wellington Park Cir #CH12 | ORLANDO FL 32839 |
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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:

Imran Chaudhry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/2002
407-947-4890

Daytime Phone #

CR2E081 (9/01)

First American Auto Collision Center & Sales, Inc.

1010 W. Amelia Street

Orlando, FL 32805

407-947-4890

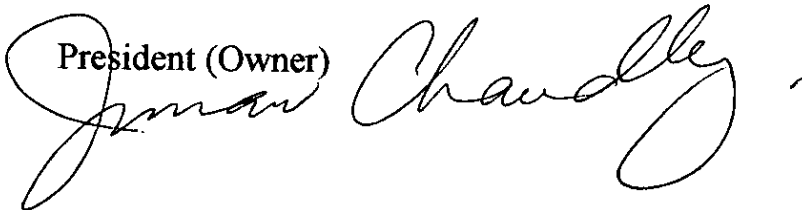
Tuesday, April 02, 2002

I'm writing to inform you that my corporation the name of First American Auto Collision Center & Sales, Inc. moved from 1401 W. Gore Street, Orlando FL 32805, to another location due to problems of an environmental nature within 90 days of initial filling of corporation, because of this we didn't receive any correspondence from the division of corporation. Being a person doesn't know much about corporations I didn't contact The Division of Corporation. Now I realize that my corporation has been dissolved and I'm writing to request to reinstate it. Please kindly waive the penalties for pervious years for not filling the returns in timely manner.

Thanks for your time

Imran Chaudhry

President (Owner)

A handwritten signature in cursive script that reads "Imran Chaudhry". The signature is written in black ink and is positioned below the printed name and title.