

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 21 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200036992512
05/21/04--01045--005 **\$00.00

DOCUMENT #

1. Corporation Name

JIMMIE'S AUTO BODY AND TOWING, INC.
P99000054269

2. Principal Office Address

1101 Seminole St.

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33763

Country

US

3. Mailing Office Address

1101 Seminole St.

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33763

Country

US

REINSTATEMENT

03-84

**4. Date Incorporated or Qualified
To Do Business in Florida**

06-14-99

5. FEI Number

593200153

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

Richard D. Green

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

1010 Drew St.

Suite, Apt. #, Etc.

City

Clearwater

State
FL

Zip Code

33755

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

Richard D. Green

REGISTERED AGENT MUST SIGN

Date

5/14/2004

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
VST	Janet Koster	1101 Seminole St.	Clearwater FL 33763
P	Lance Koster	1101 Seminole St.	Clearwater FL 33763

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:

Janet Koster
Janet Koster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet Koster

Date

5/14/04

727-442-5883

Daytime Phone #