

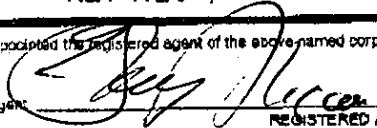
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S28060			
1. Corporation Name MOORE'S PAINT AND BODY SHOP, INC.			
2. Principal Office Address 513 GREENE STREET		3. Mailing Office Address Suite, Apt. #, etc.	
City & State KEY WEST, FL		City & State	
Zip 33040	Country MONROE	Zip	Country

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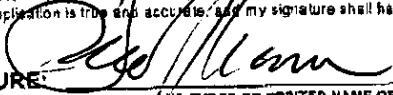
SECRETARY OF STATE
TALLAHASSEE, FLORIDA300013987233
03/12/03--01001--008 **1050.00**REINSTATEMENT** 01-03

7. Name and Address of Current Registered Agent	
Name GARY MOORE	
Street Address (P.O. Box Number is Not Acceptable) 513 GREENE STREET	
Suite, Apt. #, Etc.	
City KEY WEST,	State FL Zip Code 33040

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 	Date MARCH 7, 2003
REGISTERED AGENT MUST SIGN	

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
D	GARY E. MOORE	20 AZALEA DRIVE	KEY WEST, FL 33040
D	CLARA L. MOORE	20 AZALEA DRIVE	KEY WEST, FL 33040

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)(D), 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: 	GARY E. MOORE	3/7/03	305/294-3805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

js 3/10