PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAR 28 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S31045

1. Corporation Name

PAUL HOWARD'S AUTO BODY, INC.

Principal Place of Business	Mailing Address
P.O. Box 20623 Tampa, FL 33622-7623	P.O. Box 20623 Tampa, FL 33622-7623

REINSTATEMENT 9609 7

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
9101 N. Nebraska Avenue	16317 East Course Drive
Suite, Apt. #, etc. --------	Suite, Apt. #, etc. --------
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33604 Country U.S.A.	Zip 33624 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: February 11, 1991

5. FEI Number: 59-3055321 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	PAUL D. HOWARD	16317 East Course Drive	Tampa, Florida 33624
			700002130097---8
			-04/01/97--01069--003
			****915.00 ****915.00
			3/28/97

8. Name and Address of Current Registered Agent

N. MICHAEL KOUSKOUTIS, ESQ.
114 S. Pinellas Avenue
Tarpon Springs, FL 34689

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date March 24, 1997

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Paul Howard PAUL D. HOWARD, President 3/25/97 (813)935-8248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E045 (1/95)