

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


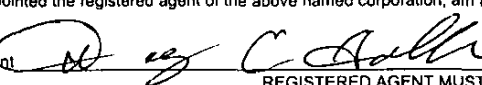
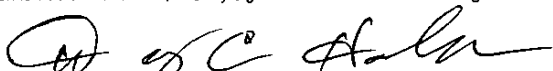
FILED

08 MAY 21 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200130004742
05/22/08--01002--006 **652.50

CR2E081 (12/07)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 MAY 21 PM 4:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 543725					
1. Corporation Name Capital City Collision Center Inc.					
2. Principal Office Address - No P.O. Box # 1320 Lk. Bradent Rd. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.			
City & State Tallahassee		City & State			
Zip FL	Country Leon	Zip 32304	Country		
4. Date Incorporated or Qualified To Do Business in Florida			5. FEI Number 59-307 0994		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>		
7. Name and Address of Current Registered Agent			8. \$8.75 Additional Fee required for a Certificate of Status		
Name Danny C. Hallon			<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Street Address (P.O. Box Number is Not Acceptable) 1320 Lk. Bradent Rd.					
Suite, Apt. #, Etc.					
City Tallahassee	State FL	Zip Code 32304			
9. 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 5/21/08		
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		
P	Danny C. Hallon	1320 Lk. Bradent Rd.	Tallahassee FL 32304		
REINSTATEMENT 5-08					
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 contained in Chapter 119, 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: 			Date 5/21/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		