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 DEC 17 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V08418

1. Corporation Name

A A AUTO BODY, INC.

Principal Place of Business	Mailing Address
RT. 1 BOX 198 NICEVILLE FL 32578	RT. 1 BOX 198 NICEVILLE FL 32578

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1595 East John Sims Pkwy	1595 East John Sims Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Niceville, FL	Niceville, FL
City & State	City & State
32578	32578
Zip / Country	Zip / Country
Okaloosa	Okaloosa

4. Date Incorporated or Qualified To Do Business in Florida: 01/21/1992

5. FEI Number: 59-3102890 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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
D	RUNGE, BOBBY G.	RT. 1 BOX 198	NICEVILLE FL

300002380038--4
-12/23/97--01021--008
****750.00 ****750.00

12.17.97

8. Name and Address of Current Registered Agent

RUNGE, BOBBY G.
RT 1, BOX 198
NICEVILLE FL 32578

9. Name and Address of New Registered Agent

Name: Bobby G. Runge
Street Address (P.O. Box Number is Not Acceptable): 1595 East John Sims Pkwy
Suite, Apt. #, Etc.: Niceville
City: Niceville | State: FL | Zip Code: 32578

CR2E040 (8/97)

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: Bobby G. Runge Date: 15 Dec 97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Bobby G. Runge — 12-15-97 — 904-678-3404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #