

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FILED

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 SEP 11 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-06 DEC

CR2E081 (12/05)

DOCUMENT # P98000085694

1. Corporation Name
A I FRAME & COLLISION, INC

2. Principal Office Address 515 HERBERT ST. Suite, Apt. #, etc. # E	3. Mailing Office Address 515 HERBERT ST Suite, Apt. #, etc. # E
City & State PORT ORANGE, FL.	City & State PORT ORANGE, FL.
Zip 32129 Country USA	Zip 32129 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/05/98

5. FEI Number 59-3533203
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
MARY A. DUNLAP

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

Suite, Apt. #, Etc.
E

City
PORT ORANGE

State
FL

Zip Code
32129

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 Mary A. Dunlap Date 9-7-06
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	MARY A. DUNLAP	6167 DEL RIO DR.	PORT ORANGE, FL 32127
V	JERRY DUNLAP	6167 DEL RIO DR.	PORT ORANGE, FL 32127

700079761977
09/13/06--01015--021 **458.75

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: Mary A. Dunlap 9/7/06 386-304-3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

A-1 Frame & Collision, Inc.

Jerry Dunlap • *Vice President*

MV-32912

2072



WE TAKE THE PAINS OUT OF ACCIDENTS

Phone (386) 304-3688

Fax # (386) 304-3683

**515 E. Herbert St.
Port Orange, FL 32129**

September 7, 2006

To Whom It May Concern:

In July of this year, I sent in my renewal for my Motor Vehicle repair registration. At the end of August I got a reply saying it was denied as my company's status with your department was listed as inactive. The accompanying copy of that status says it has been inactive since 2004. The registered agent listed was an accountant we ceased using in the beginning of 2004. Needless to say, he never notified us of his filing for dissolution, and, I am sorry to admit, I never paid attention when filing with you department time came around, as I never received a renewal form.

I contacted your office this morning (9/7/06 12:20 p.m. 850-245-6059 x 4) to find out how to correct this omission. The young lady was very helpful in directing me to the web site, and the proper form to fill out. She also said the fee would be \$450.00 plus \$8.75 for a Certificate of Status, which I am enclosing.

I am deeply sorry for this oversight and the inconvenience it has cost you and your Department.

*Sincerely,
Mary A. Dunlap
President*