PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 DEC -6 AM 10: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000015626

1. Corporation Name
EXCELLENCE COLLISSION CENTER INC

600186640566
10/13/10 - 01004 - 004 915.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1470 NW 21 STREET	312A SW 12 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33142 Country: US	Zip: 33130 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 02/15/2009

5. FEI Number: 26-4313786 ☐ 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: GUTIERREZ CAO, MILEXIS

Street Address (P.O. Box Number is Not Acceptable): 1450 NW 21 STREET

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33142

REINSTATEMENT

RH

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 12/01/2010

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
PTSD	GUTIERREZ CAO, MILEXIS	1450 NW 21 STREET	MIAMI, FL. 33142

10. **E-mail Address:** VAMEAN@AOL.COM

(To be used for future annual report notification)

11. 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, I further certify, 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: _____ 12/01/2010 305-541-3232

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