

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 OCT -6 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000018806

1 Corporation Name

A-1 AUTO COLLISION, INC.

Principal Place of Business

Mailing Address

5061 NE 13 AVE.
OAKLAND PARK, FL 33334

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 Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4 Date Incorporated or Qualified
To Do Business in Florida

2/26/98

5 FEI Number

65-0833432

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	MICHAEL CALABRESE	11605 NW 38 RD DR	CORAL SPRINGS, FL 33071
ST/D	MICHAEL MINUTILLO	7840 NW 51 ST.	LAUDERHILL, FL 33351

500003018885--3
-10/19/99--01086--003
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSEPH A PEREIRA, JR
10300 SW 72 ST. 470C
MIAMI, FL 33173

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Joseph A Pereira, Jr.

REGISTERED AGENT MUST SIGN

Date 10/5/99

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL CALABRESE

10/5/99 954 351-5550

Date

Daytime Phone #

(5)

**A-1 Auto Collision
5061 N.E. 13 Ave
Oakland Pk. Fl. 33334**

October 5, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

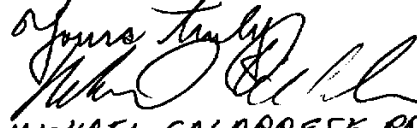
Re: A-1 Collision, Inc. P 97000072613
A-1 Auto Collision, Inc. P 98000018806

Dear Department of State:

Please accept the two enclosed Application
for Reinstatement forms along with the payment
of \$150⁰⁰ for each.

We never received the original report form
nor any notice of second request or dissolution.
If during the processing of a pending bank loan
this did not come up we still would not know
of the administrative dissolution.

Thank you for your co-operation.

Yours truly,

MICHAEL CALABRESE, PRES.