

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**  
01 FEB -5 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

PAR0000048609

1. Corporation Name

DAVE MITCHELL'S COLLISION CENTERS, INC.

2. Principal Office Address

9816 US Hwy 301 N.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33637

Country

USA

3. Mailing Office Address

PO Box 290298

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33687

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5/29/98

5. FEI Number

59-3514252

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

Dennis Galentine

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

10936 N. 56th Street

Suite, Apt. #, Etc.

Suite 201

City

Temple Terrace

State  
FL

Zip Code

33617

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1/31/01

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
Pres	DAVE MITCHELL	9816 N. Hwy 301	Tampa FL 33637
V. Pres	Dennis Galentine	10936 N. 56th Street #201	Temple Terrace FL 33617

**KE**

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 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]*  
DAVE MITCHELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/01

Daytime Phone #

813-984-6937

CR2E081 (9/00)