

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -9 AM 10:01

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L04000088152

1. Limited Liability Company's Name

COLLISION CARE OF PALMETTO LLC

CR2E041 (8/05)

2. Principal Office Address 2200 US HWY 301 NORTH Suite, Apt. #, etc.		3. Mailing Office Address 3116-C W MONTGOMERY RD Suite, Apt. #, etc. PMB 305 City & State MAINEVILLE, OHIO Zip 45039 Country USA	
City & State PALMETTO, FL Zip 34221 Country USA			

4. State/Country of Formation FLORIDA, USA	
5. Date Organized or Qualified To Do Business in Florida 12/07/04	
6. FEI Number 84-1664909	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name JIM WEST	
Street Address (P.O. Box Number is Not Acceptable) 2200 US HWY 301 N	
Suite, Apt. #, Etc.	
City PALMETTO	State FL
Zip Code 34221	10/10/06--01009--026 **150.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Date 9/28/06  
REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GREGORY M. THEOBALD	5362 VISTA POINT DR	MAINEVILLE, OH 45039
MGRM	STEVEN G. THEOBALD	2115 FOSTER MAINEVILLE	MORROW, OH 45152
MGRM	DEBORAH A. TIGHE	PO BOX 309	MAINEVILLE, OH 45039

REINSTATEMENT 05-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 9/28/06 Daytime Phone # 573-205-9867  
Typed or printed name of signing Managing Member/Manager James R. WEST, Jr