

F00000001577

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: THE COLLISION SHOP OF AMERICA INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

RICHARD WILSON 300003174013--4-
(Name of Person) -03/17/00--01053--006
*****78.75 *****78.75

THE COLLISION SHOP
(Firm/Company)

2899 E. BIG BEAVER RD STE. 318
(Address)

TROY MI 48083
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

RICHARD WILSON at (800) 219-3113
(Name of Person) (Area Code & Daytime Telephone Number)

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00 MAR 17 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:

Name	3/23/00
Available	Registration Section
Document	Division of Corporations
Examine	409 E. Gaines St.
	Tallahassee, FL 32399
Updater	DCC
Modifier	
Verifier	
W. P. Verifier	DCC

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

F00000001577

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. THE COLLISION SHOP OF AMERICA INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. MICHIGAN U.S.A. 3. 38-3294461
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5-96 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 2899 E. BIG BEAVER RD STE. 318 TROY MI 48063
(Principal office address)
- b. SAME AS ABOVE
(Current mailing address)
8. AUTO REPAIR FRANCHISE SALES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: THE COLLISION SHOP (697283900052)
- Office Address: 36266 U.S. 19 NORTH
PALM HARBOR, Florida 34684
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JULIA WILSON

Address: 2899 E. BIG BEAVER RD STE. 318
TROY MI 48063

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JULIA WILSON

Address: 2899 E. BIG BEAVER RD STE. 318
TROY MI 48033

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

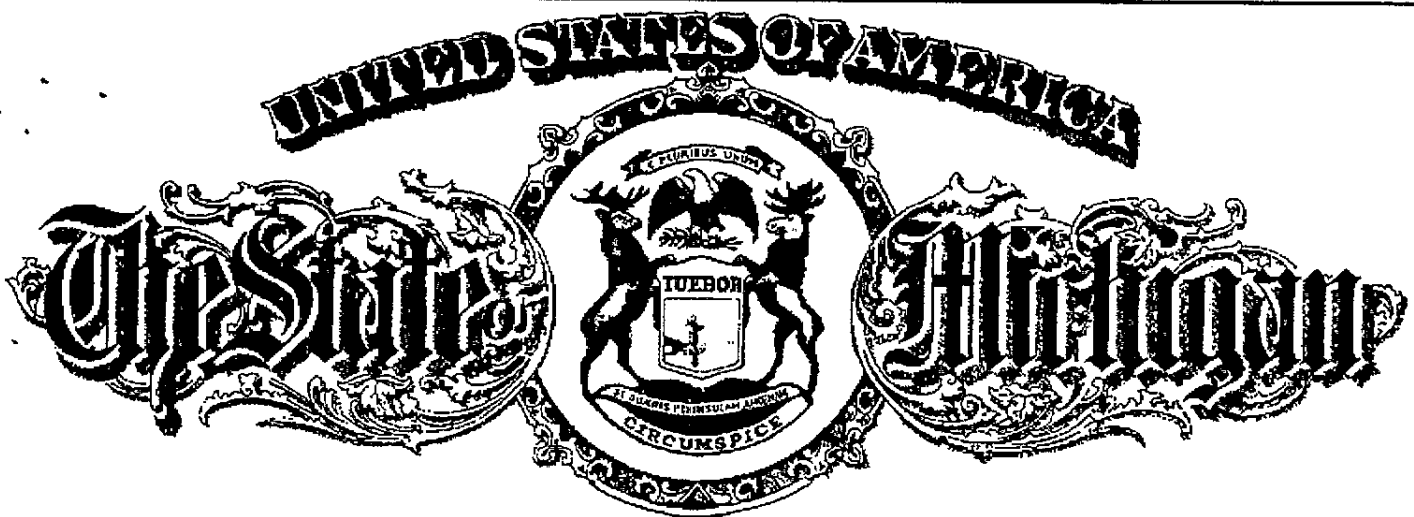
Address: _____

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SECRET
TULLAH, ALABAMA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Juli Wilson
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JULIA WILSON
(Typed or printed name and capacity of person signing application)



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

THE COLLISION SHOPS OF AMERICA INC.

was validly incorporated on May 14, 1996, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing in this office as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose. It is in the usual form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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00 MAR 17 PM 2:50
SECRETARY OF STATE
TALAMON, J. J.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 3rd day of March, 2000.

, Director

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Corporation, Securities and Land Development Bureau