

F11000003610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11 SEP -6 PM 12:45
TALLAHASSEE, FLORIDA

K 09/07/11



**NRAI
CORPORATE
SERVICES**
An NRAI Solutions Company

August 30, 2011

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

RE: Collision Automotive Repair Services, Inc.

Dear Filing Officer:

Please file the attached Application by Foreign Corporation for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,



Victor Alfano
Vice President

Encl.

16055 Space Center Boulevard • Suite 235 • Houston, TX 77062
(P) 800.862.5438 • (P) 281.286.5900 • (F) 281.286.5902 • nraicorporateservices.com/houston

**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. Collision Automotive Repair Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 73-1404702

(FEI number, if applicable)

4. 04/10/1991

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 505 E Highway 33, Suite 500, Perkins, OK 74059

(Principal office address)

505 E Highway 33, Suite 500, Perkins, OK 74059

(Current mailing address)

8. arrange rebates with suppliers of the auto body shops for our members

(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 NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee

(City)

, Florida 32301

(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.

NRAI Services, Inc.

By: _____

(Registered agent's signature)

Victor Alfano, Vice President

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.

11 SEP -6 PM 12:45
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Thomas Christopher

Address: 505 E Highway 33, Suite 500, Perkins, OK 74059

Vice Chairman: _____

Address: _____

Director: Mikal McCubbin

Address: 505 E Highway 33, Suite 500, Perkins, OK 74059

Director: Bob Jones

Address: 505 E Highway 33, Suite 500, Perkins, OK 74059

B. OFFICERS

President: Thomas Christopher

Address: 505 E Highway 33, Suite 500, Perkins, OK 74059

Vice President: _____

Address: _____

Secretary: Mikal McCubbin

Address: 505 E Highway 33, Suite 500, Perkins, OK 74059

Treasurer: _____

Address: _____

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Mikal McCubbin, Secretary

(Typed or printed name and capacity of person signing application)

SEP 6 11 13 AM '16
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLLISION AUTOMOTIVE REPAIR SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLLISION AUTOMOTIVE REPAIR SERVICES, INC." WAS INCORPORATED ON THE TENTH DAY OF APRIL, A.D. 1991.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

11 SEP -6 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2259781 8300

110959152

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8995948

DATE: 08-29-11