FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 FEB -9 AM 11:36

TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT #

1. Corporation Name

Sterling Collision Centers, Inc.
F98000004953

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2600 N Central Expy Ste 400		2600 N Central Expy Ste 400	
Suite, Apt #, etc.		Suite, Apt #, etc	
City & State		City & State	
Richardson, TX		Richardson, TX	
Zip	Country	Zip	Country
75080		75080	

4. Date Incorporated or Qualified To Do Business in Florida
09/01/1998

5. FEI Number
04-3388216 — 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
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION	FL	33324

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: Cassie Burgess — REGISTERED AGENT MUST SIGN — Date 02/09/2016

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
P	Chris Abraham	2600 N Central Expwy, Ste 400	Richardson, TX 75080
SEC	Thomas Burton	2600 N Central Expwy, Ste 400	Richardson, TX 75080
TRS	Michelle Frymire	2600 N Central Expwy, Ste 400	Richardson, TX 75080
Director	Chris Abraham	2600 N Central Expwy, Ste 400	Richardson, TX 75080

10. E-mail Address: cls-statecommunications@wolterskluwer.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: By Thomas W. Burton, Secretary — 2/2/16
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REINSTATEMENT 2015 - 2016

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000033510 3)))

H160000335103ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

16 FEB -9 AM 10:19
TALLAHASSEE, FLORIDA

RECEIVED

CORPORATION REINSTATEMENT
STERLING COLLISION CENTERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

Electronic Filing Menu Corporate Filing Menu Help