

REFERENCE :

067423 126228A

AUTHORIZATION

COST LIMIT

\$ 70.00

ORDER DATE: December 16, 1998

ORDER TIME : 10:13 AM

ORDER NO. : 067423-005

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CUSTOMER NO: 126228A

CUSTOMER: Kathy Roberts, Legal Assistant

R. Lawrence Heinkel, P.a.

Suite 220

135 West Central Boulevard

Orlando, FL 32801

FOREIGN FILINGS

NAME:

NORTHEAST COLLISION ANALYSIS

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

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	ortheast Collisio					
words or abbrev	ration; must include the word " riations of like import in langua or partnership if not so contained	ge as will clearly i	ndicate that it	(Y", "CORPORA) is a corporation in	fION" or istead of a	
n N	ew Hampshire	3	· <u></u>	02-039	0396127	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
4. 1	/2/86	5	Pe	erpetual p. will cease to ex	<u>:</u>	
(Dat	e of incorporation)	(Durat	tion: Year cor	p. will cease to ex	ist or "perpetual	")
	2/15/98					
(Date first	transacted business in Florida.) (SEE SECTIONS	607.1501, 60	7,1502 and 817.15	55, F.S.)	
71342-	-107 E. Vine Stre	et, Kissim	mee, FL	34746	· - · · · · · · · · · · · · · · · · · ·	
	(Сит	ent mailing address	s)			 ,
	Accident	Reconstruc	tion			÷
, <u>-</u>	s) of corporation authorized in eet address of Florida regis				T-acceptable)	
Name:	Larry Cripe		_		EF P	E D
Office Address:	1342-107 E. Vin	e Street		· · · · · ·	PH 12: 30 SEE FLURID	
	Kissimmee,		, Florida, _	34746	DA O	
•			_, ,_	(Zip code)		•
10. Registered a	gent's acceptance:					
in this application, comply with the pr	d as registered agent and to ace I hereby accept the appointme ovisions of all statutes relative gations of my position as regis	nt as registered ag to the proper and tered agent. Inpe	gent and agree complete perf	to act in this cap	acity. I further	agree to
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	stered agent's signa	ımc)			

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.

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

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

14. Robert DuBois Willet

Robert DuBois

Address: (Same as above)

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

State of New Hampshire Department of State

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify NORTHEAST COLLISION ANALYSIS, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on January 2, 1986. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 18th day of September, A.D. 1998

William M. Gardner Secretary of State

