

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H61243**

1. Corporation Name

TBS COLLISION SPECIALLIST, INC.

Principal Place of Business

9001 N.W. 97 TERR
WAREHOUSE C
MEDLEY FL 33178

Mailing Address

9001 N.W. 97 TERR
WAREHOUSE C
MEDLEY FL 33178

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1985

5. FEI Number

59-2520351

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPTS	FERNANDEZ, MIGUEL A.	9001 NW 97TH TERR BAY C	MIAMI FL 33178

8. Name and Address of Current Registered Agent

FERNANDEZ, MIGUEL A.
9001 N.W. 97TH TERR
WAREHOUSE C
MEDLEY FL 33178

9. Name and Address of New Registered Agent

Name Fernandez Miguel A
Street Address (P.O. Box Number is Not Acceptable)
9001 NW 97th Terr
Suite, Apt. #, Etc.
Warehouse A
City Medley FL State FL Zip Code 33178

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/21/03

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/03

Daytime Phone #

FILED

03 APR -9 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-03



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