PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 10 AM 9:04

DOCUMENT # L04000026973

1. Limited Liability Company's Name
HILLSBOROUGH COLLISION CENTER, LLC..

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
6216 W.HILLSBOROUGH AVE.	6216 W. HILLSBOROUGH AVE.
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.: SUITE A
City & State: TAMPA, FL.	City & State: TAMPA, FL.
Zip: 33634 Country: U.S.A.	Zip: 33634 Country: U.S.A.

4. State/Country of Formation: FLORIDA / U.S.A.

5. Date Organized or Qualified To Do Business in Florida: June 2004

6. FEI Number: 43-2048782 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Juan A. Cruz

Street Address (P.O. Box Number is Not Acceptable): ~~6216~~ ~~W~~ 6216 West Hillsborough Ave

Suite, Apt. #, Etc.: #A

City: Tampa, Florida State: FL Zip Code: 33634

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ Date: 3/10/2006
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
OWNER	Juan A. Cruz	11714 Nicklaus Cir	Tampa, FL 33624
OWNER	Dawna L. Cruz	11714 Nicklaus Cir	Tampa, FL 33624
			400069052574 03/30/06--01044--014 **200.00
			REINSTATEMENT 05-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: _____ Date: 3/10/2006 Daytime Phone #: 813-249-0526

Typed or printed name of signing Managing Member/Manager: Juan A. Cruz Fax # 813-249-0425

OUR STATE ID L04000026973