

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000101838

**FILED**  
**Dec 07, 2012**  
**Secretary of State**

**Entity Name:** PROBODY COLLISION CENTER, LLC

**Current Principal Place of Business:**

5280 NW 77 COURT  
MIAMI, FL 33166

**New Principal Place of Business:**

7735 NW 53RD ST  
MIAMI, FL 33166

**Current Mailing Address:**

5280 NW 77 COURT  
MIAMI, FL 33166

**New Mailing Address:**

7735 NW 53RD ST  
MIAMI, FL 33166

**FEI Number:** 27-3564389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PONCE, ROBERT  
5280 NW 77 COURT  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

PONCE, ROBERTO  
7735 NW 53RD ST  
MIAMI, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: OLGA PONCE

12/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PONCE, OLGA  
Address: 7735 NW 53RD ST  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: OLGA PONCE

PRES

12/07/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date