

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 22 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M 95403**

1. Corporation Name

**ALL South Florida Collision,
Inc.**

2. Principal Office Address

**2815 Kilkievane Drive
Tallahassee**

Suite, Apt. #, etc.

3. Mailing Office Address

5889 West Tennessee Street

Suite, Apt. #, etc.

City & State

Tallahassee, FL 32309

City & State

Tallahassee, FL

Zip

32309

Country

Leon

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0067644

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

Raja ben Mawza -

Street Address (P.O. Box Number is Not Acceptable)

2815 Kilkievane Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309 -

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

Raja ben Mawza

REGISTERED AGENT MUST SIGN

Date

7/22/05

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
president	Raja ben Mawza -	2815 Kilkievane Drive	Tallahassee, FL 32309

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raja ben Mawza

Date

7/22/05 (850)339-0071

Daytime Phone #

CRP0001 (01/05)

7/22/05

2/25/02

to whom it may concern -

we did not file for the annual report
because we're not been operating the business
the business was closed since that time
I'm following to restate the
corporation again because of legal
term, we need to go to the court.

Sincerely yours



Note: We did not respond for 1999.
annual report because we never
got it since we're not at
that location anymore.