

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
00 DEC 29 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2000**

**DOCUMENT # M98000000933**

**1. Limited Liability Company's Name**

Collision Team of Florida, LLC

**2. Principal Office Address**

1340 Cassat Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32205

Country

USA

**3. Mailing Office Address**

500 East Ohio Street

Suite, Apt. #, etc.

Attn: David A. Tucker

City & State

Indianapolis, IN

Zip

46204

Country

USA

**4. State/Country of Formation**

Delaware, USA

**5. Date Organized or Qualified  
To Do Business in Florida**

8-26-98

**6. FEI Number**

35-2054408

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$500 Additional Fee required  
for a Certificate of Status.

**8. Name and Address of Current Registered Agent**

Name

Susan Larsh

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

c/o Autocrafters International

Suite, Apt. #, Etc.

1340 Cassat Avenue

City

Jacksonville

State

FL

Zip Code

32205

**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

*Susan Larsh*  
REGISTERED AGENT MUST SIGN

Date 12-26-00

**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
MGRM	Collision Team of America, Inc.	500 East Ohio Street	Indianapolis, IN 46204

**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.**

Collision Team of America, Inc.

Signature of  
Managing Member/Manager

By: *David A. Tucker*

Date 12-26-00

Daytime Phone # (317) 630-0863

Typed or printed name of signing Managing Member/Manager

David A. Tucker, Secretary