


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000010395**

1. Corporation Name
MD AUTO COLLISION, INC.

Principal Place of Business 2103 OPA-LOCKA BOULEVARD OPA-LOCKA FL 33054	Mailing Address 2103 OPA-LOCKA BOULEVARD OPA-LOCKA FL 33054
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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	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	Country	Country
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4. Date Incorporated or Qualified To Do Business in Florida 01/24/2000
5. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PS	GARCIA, JUAN D	4341 W. 10TH AVENUE	HIALEAH FL 33012
			700004698497--0 -11/29/01--01056--005 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

~~GARCIA, JUAN D~~
~~4341 W. 10TH AVENUE~~
~~HIALEAH FL 33012~~

9. Name and Address of New Registered Agent

Name **GARCIA, JUAN D.**
Street Address (P.O. Box Number is Not Acceptable) **2103 OPA-LOCKA B/VD**
Suite, Apt. #, Etc.
City **OPA-LOCKA** State **FL** Zip Code **33054**

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.

Signature of Registered Agent *Juan Garcia* Date **10/26/01**
REGISTERED AGENT MUST SIGN

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: *Juan Garcia* Date **10/26/01** Daytime Phone # **(786) 897-6075**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/01)

(2)

MD AUTO COLLISION, INC.
2103 OPA-LOCKA BLVD.
OPA-LOCKA, FL. 33054

10/30/01

TO: DIVISION OF CORPORATION

I HAVE A PROBLEM BECAUSE BUSINESS IS VERY BAD AND I DO NOT HAVE THE MONEY TO PAY THE AMOUNT YOU REQUESTED HERE. I CALLED YOU TO TELL YOU THAT I NEVER RECEIVED ANY FORMS BEFORE TO RENEW THE CORPORATION AND NOW I GOT THIS WITH AN AMOUNT THAT I CAN'T PAY SO I HAVE TO CLOSE MY SMALL BUSINESS. THE LADY WHO ANSWERED THE PHONE TOLD TO SEND \$150.00 AND A LETTER EXPLAINING MY SITUATION.

THANK YOU IN ADVANCE FOR UNDERSTANDING MY PROBLEM BECAUSE THIS CAME IN A VERY BAD TIME.

Sincerely

Juan D Garcia