

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILE
02 OCT 28 PM
SECRETARY OF
TALLAHASSEE, FL

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

~~Katherine Harris~~
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P000000086865

1. Corporation Name

United Auto Body Collision, Inc.

2. Principal Office Address

1216 B N.E. 8th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FT. Lauderdale

City & State

Zip

Country

33304 Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-00

5. FEI Number

65-1091-001

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

Fred John Baptiste

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

575 N.W. 46th Terrace

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33304

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. 17

Signature of
Registered Agent

Fred John Baptiste

REGISTERED AGENT MUST SIGN

Date 10-7-02

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
P	Fred John Baptiste	1216 B N.E. 8th Avenue	FT. Lauderdale, FL 33304
V	Margaret John Baptiste	1216 B N.E. 8th Avenue	FT. Lauderdale, FL 33304

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 X Fred John Baptiste

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-523-2006
Daytime Phone #

CR2081 (9/01)

10/28/02

TO WHOM THIS MAY CORNCERN,

I DID NOT RECEIVE THE FORM THAT YOU ASK
FOR MY FEDERAL I.D. NUMBER FOR THE YEAR
2001 WHICH IS 65-1091001. NEITHER DID I RECEIVE
MY FORM FOR 2002. SO, I AM ASKING WILL YOU
WAIVER THE \$600.00 PENALTY AND LET ME PAY
FOR THE YEARS I OWE WHICH IS \$300.00 WHICH I
HAVE ENCLOSED.

THANK YOU,
FRED JOHN BAPTISTE

X Fred H John Baptiste