


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 18 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000114531		
1. Entity Name SOUTH FLORIDA COLLISION & CUSTOM PAINT, INC.		

Principal Place of Business 5084 NE 12 AVE OAKLAND PARK, FL 33334	Mailing Address 5084 NE 12 AVE OAKLAND PARK, FL 33334
-------------------------------------------------------------------------	-------------------------------------------------------------

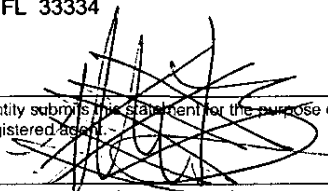
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



4. FEI Number 65-1061264	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOCCHINO, MICHAEL 5084 NE 12 AVE OAKLAND PARK, FL 33334		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------	--

8. 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. I am familiar with, and accept the obligations of registered agent.

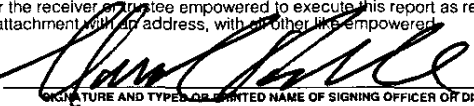
SIGNATURE  DATE 10/12/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
----------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCCHINO, MICHAEL 5084 NE 12 AVE OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700041939377 10/18/04--01068--019 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:  DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10fz

65

2 of 2



CERTIFIED PUBLIC ACCOUNTANTS

Members:
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

2700 West Cypress Creek Road, Suite D135
Fort Lauderdale, Florida 33309

(954) 772-4000
FAX (954) 771-9657

October 7, 2004

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: South Florida Collision & Custom Paint, Inc.
P00000114531

Gentleman:

Your original renewal of the 2004 For Profit Corporation Annual Report was not received by the above captioned entity. It was not until the Notice of Dissolution was received that the corporation became aware of the situation. At that time they referred the matter to us.

Enclosed, please find a signed 2004 For Profit Corporation Reinstatement and the taxpayers check in the amount of \$150.00. Based on the above information, it is respectfully requested that no penalties be assessed and that the corporation be reinstated as an active entity in the State of Florida.

Thank you for your prompt attention to this matter.

Very truly yours,

KRUGER & COMPANY, P.A.

Allan I. Kruger
Certified Public Accountant

Cc: South Florida Collision & Custom Paint, Inc.

check Dept of State of Florida