

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
02/23/01
 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 12:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000038471**

1. Corporation Name
PROFESSIONAL COLLISION CENTER OF PENSACOLA, INC.

Principal Place of Business Mailing Address
7700 BEECHWOOD DR. PENSACOLA FL 32514



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 4201 N. Palafox St.		Suite, Apt. #, etc. 4201 N. Palafox St.		04/12/2001	
City & State Pensacola FL		City & State Pensacola FL		5. FEI Number 59-3913170	
Zip 32505		Country USA		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
President	Paul J. Forbush, Sr.	7700 Beechwood Drive	Pensacola, FL 32514
V. Pres.	Christopher B. Forbush	1660 Rebecca St.	Pensacola, FL
T	Constance Forbush	7700 Beechwood Drive	Pensacola, FL 32514

100008568551
 10/24/02--01063--013 **158.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FORBUSH, PAUL J 7700 BEECHWOOD DR. PENSACOLA FL 32514		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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. or 617.0505, F.S.

Signature of Registered Agent: **Paul Forbush** (REGISTERED AGENT MUST SIGN) Date: **10-22-02**

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: **Christopher B. Forbush** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: **10-22-02** Daytime Phone #: **850 444 9444**

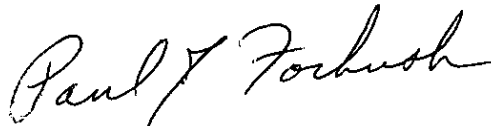
CR2E040 (8/02)

PROFESSIONAL COLLISION CENTER
4201 N PALAFOX ST.
PENSACOLA, FL. 32505
850-444-9444

To whom it may concern,

We had not received any notification of revocation prior to this packet.
We were not aware of the requirement to file a business report annually.
We are a new business and are willing to submit any forms or reports need.
We have included the check for 158.75 because we didn't receive the
notification until now.
If you have any questions please feel free to contact me at 850-444-9444.

Sincerely,



Jim Forbush Sr.
President