

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 11 AM 9:28

DOCUMENT # **P01000077011**

1. Corporation Name

Universal Collision Center, Inc.

2. Principal Office Address

2751 W. Tennessee St.

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32304

Country

USA

3. Mailing Office Address

2751 W. Tennessee St.

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32304

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

August 6th, 2001

5. FEI Number

59-3737125

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

Sheryl Driggers

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

2751 W. Tennessee Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

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.

Signature of
Registered Agent

Sheryl Driggers

REGISTERED AGENT MUST SIGN

Date **3/11/03**

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
President	Jason Driggers	2751 W. Tennessee St.	Tallahassee FL 32304
V-Pres	Frank Gandy	2751 W. Tennessee St.	Tallahassee FL 32304
Treasurer	Sheryl Driggers	2751 W. Tennessee St.	Tallahassee FL 32304

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:

Sheryl Driggers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03
Date

850.516.9990
Daytime Phone #

CR2E081 (10/02)