

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 21 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000036892460
05/21/04 - 01045 - 004 **300.00

DOCUMENT # P02000010042

1. Corporation Name

ALL BODY COLLISION, INC

3041 W. MC NAB ROAD

2. Principal Office Address

3. Mailing Office Address

3041 W. MC NAB ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

City & State

POMPANO BEACH, FLORIDA

Zip

33069

Country

USA

Zip

33069

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 01/22/2002

5. FEI Number

030421148

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

RAMON SANTIAGO

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

501 N W 66TH AVENUE

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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**

Ramon Santiago
REGISTERED AGENT MUST SIGN

Date

5-18-04

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	RAMON SANTIAGO	501 NW 66TH AVE	MARGATE, FL 33063
T	DOMENICA SANTIAGO	501 NW 66TH AVE	MARGATE, FL 33063

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:

Ramon Santiago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/18/04 981-968-3400

Daytime Phone #

CR2E081 (01/04)