



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000037337 1. Entity Name J & E COLLISION CENTER, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS REINSTATE DEC 20 AM 8:17 11/19/04 01031 021 150.00 	
Principal Place of Business 4701 SW 45 ST BLDG 13 BAY 6 & 8 DAVIE, FL 33314				Mailing Address 4701 SW 45 ST BLDG 13 BAY 6 & 8 DAVIE, FL 33314			
2. Principal Place of Business		3. Mailing Address		12122004 REIN-P CR2E098 (6/04)		4. FEI Number 43-1956573	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ACEVEDO, EDWIN 4701 SW 45 ST BLDG 13 BAY 6 & 8 DAVIE, FL 33314				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: <u>Edwin Acevedo</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD ACEVEDO, EDWIN 3131 SW 61ST TERRACE DAVIE, FL 33314				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD RIVERA-SANCHEZ, LUZ D 3131 SW 61ST TERRACE DAVIE, FL 33314				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			
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 all other like empowered.							
SIGNATURE: <u>Edwin Acevedo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							