

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 NOV 10 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000052263

**1. Corporation Name**

HIGH TECH COLLISION, INC.

**2. Principal Office Address**

2015 LEE STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33020

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

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

05/07/2002

**5. FEI Number**

65-1062797

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

JAIME PAZ

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

2015 LEE STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

**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

Date

10/10/05

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| DP     | JAIME PAZ                            | 2015 LEE ST                                       | HOLLYWOOD FL 33020 |
| DS     | JACQUELINE PAZ                       | 2015 LEE ST                                       | HOLLYWOOD FL 33020 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/05 954.564.4547

Daytime Phone #

**Steven D. Gelbard, M.D., P.A.**

***Neurological Surgery***

**OFFICES IN: BROWARD, DADE, & PALM BEACH COUNTIES**

Correspondence to: 150 S. Andrews (SW 12<sup>th</sup>) Ave. Suite 350, Pompano Beach, FL 33069

PHONE: Broward-(954)-545-3433, Dade-(305)-372-8250, Palm Beach-(561)-865-8810

FAX: (954)-545-4012 E-Mail: NeurosurgeryMD@aol.com Web site: WWW.Neurosurgery.MD



November 7, 2005

**To Whom It May Concern:**

**RE: JAIME PAZ**

**The above named patient underwent lumbar spine surgery on 6/29/2005 at Atlantic Surgical Center, Pompano Beach, Florida.**

Sincerely,

**Steven D. Gelbard, M.D.**

**SDG:wb**

I HAVE BEEN IN AND OUT THE  
HOSPITAL SINCE FEB OF THIS  
YEAR AND THE SHOP WAS  
CLOSED. SOME OF THE MAIL WAS  
STOLEN FROM THE MAIL BOX AND  
I DID NOT RECEIVE YOUR NOTICE  
I HAVE RENEWED EVERY YEAR ON  
TIME. PLEASE FORGIVE THE MISTAKE  
THANK YOU