

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 28 PM 3: 58

DOCUMENT # **P02000053183**

1. Corporation Name

SOUTHWOOD COLLISION CENTER, INC.

Principal Place of Business

Mailing Address

4973 CAPITAL CIRCLE SE
TALLAHASSEE FL 32311

4973 CAPITAL CIRCLE SE
TALLAHASSEE FL 32311



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

05/14/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

City & State

City & State

☐ Not Applicable

Zip

Country

Zip

Country

59-3728150

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	REVELL, RAYMOND G	9310 OLD ST AUGUSTINE ROAD	TALLAHASSEE FL 32308
V	DANIELS, KENDAHL R	1549 PATCHWORK PLACE	TALLAHASSEE FL 32310

600024440446
11/05/03--01014--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DANIELS, KENDAHL R
4973 CAPITAL CIRCLE SE
TALLAHASSEE FL 32311

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Kendahl R. Daniels
REGISTERED AGENT MUST SIGN

Date

10-28-03

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:

Kendahl R. Daniels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/03

Daytime Phone #

850-
656-8044

**SOUTHWOOD COLLISION CENTER, INC.
4973 CAPITAL CIRCLE S.E.
TALLAHASSEE, FL 32311
850-656-8044
FAX 850-656-1196**

October 28, 2003

**State Of Florida
Divisions of Corporations
Tallahassee, FL**

**Re: Reinstatement of Document #P02000053183
Southwood Collision Center, Inc.**

To Whom It May Concern:

Southwood Collision Center, Inc. never received the first or second notice that the annual report was due. Please wave the fine and reinstate Southwood Collision Center as a corporation.

Sincerely,

Kendahl R. Daniels

**Kendahl Revell Daniels
Vice-President
Southwood Collision Center, Inc.**