

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 24 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000057190

1. Corporation Name

ACCURATE COLLISION REPAIR, INC.

Principal Place of Business

Mailing Address

4612 BARTLET RD.
HOLIDAY FL 34690

4612 BARTLET RD.
HOLIDAY FL 34690

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

05/23/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PD	KELL, BRIAN G	4612 BARTLET RD.	HOLIDAY FL 34690

500024092205
10/24/03--01067--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELL, BRIAN G
4612 BARTLET RD.
HOLIDAY FL 34690

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

Brian G. Kell

Date

10-21-03

REGISTERED AGENT MUST SIGN

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:

Brian G. Kell

BRIAN G. Kell

Date

10-21-03

Daytime Phone #

727
480-4017

CR2E040 (7/03)



AutoCare Collision Center

Accurate Collision Repair, Inc.

I-Car & ASE Certified
Insurance Claims Welcome

October 22, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I called your office today to find out what to do because we never received our first notice of renewal of our corporation. I was informed to send \$150.00 which is enclosed along with this explanation.

At the time that the first notices were sent out I had a temporary employee working in our office who must have discarded the notice. I never saw the notice myself or payment would have been forwarded in a timely manner.

If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Kell", written over a horizontal line.

Brian G. Kell
President