

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *192*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000125902**

**1. Corporation Name**

NATIONWIDE COLLISION REPAIR INC

**2. Principal Office Address**

705 LIVE OAK ST- SUITE Q

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

Zip

34689

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

**FILED**  
04 MAR 23 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** *JB-84*

**600029951446**

03/23/04--01068--013--\*\*150.00

**4. Date Incorporated or Qualified  
To Do Business in Florida 11/27/02**

**5. FEI Number**

43-1984723

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

ANGEL S. OTERO

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

705 LIVE OAK ST

Suite, Apt. #, Etc.

Q

City

Q TARPON SPRINGS

State

FL

Zip Code

34689-4100

**600029951446**  
03/05/04--01036--014--\*\*150.00

**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

REGISTERED AGENT MUST SIGN

Date **3-2-04**

**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
PRES	ANGEL S. OTERO	228 ARBOR DR W.	PALM HARBOR, FL 34683
VP	SARBELIA OTERO	228 ARBOR DR W.	PALM HARBOR, FL 34683

**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:**

SARBELIA OTERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-2-04**

Date

**727-938-9581**

Daytime Phone #

B272

**NATIONWIDE COLLISION REPAIR INC**  
**705 LIVE OAK ST- STE Q**  
**TARPON SPRINGS, FL 34689**  
**(727) 938-9581**

March 2, 2004

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Gentlemen:

Enclosed is a check for \$150, which represents the renewal fees this corporation for the year 2003. The reason for the late payment is that the person who was the store manager, Hugo Perez, destroyed the renewal form sent by your office last year. We are in the process of bringing civil and criminal charges against him because among other things he stole about \$7,000. If you want more information about this case feel free to contact Mr. Patrick Davis, at (727) 791-8492.

Please accept our apologies for this inconvenience.

Thank you for your attention,

  
Sarbelia Otero, Vice-President