

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1962

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 15 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000003882**

1. Corporation Name

**Tripod Collision & Repair
Shop, Inc.**

2. Principal Office Address

6220 NW 2nd Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

same

Zip

33150

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/03

5. FEI Number

71-0926431

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

Ores Nelson

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

2091 Rainesance Blvd.

Suite, Apt. #, Etc.

206

City

Miramar

State

FL

Zip Code

33025

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/14/05

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 |
|--------|--------------------------------------|---|--------------------|
| PD | Ores Nelson | 2091 Rainesance Blvd. #206 | Miramar, FL 33025 |
| SD | Marie Carmelle LaRoche | 2091 Rainesance Blvd. #206 | Miramar, FL 33025 |
| | | | |
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| | | | |
| | | | |

700047350757
02/28/05--01007--015 **300.00

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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05
Date

305-758-8111
Daytime Phone #

CR2E081 (10/02)

TRIPOD COLLISION & REPAIR SHOP, INC.

6220 NW 2 AVENUE

MIAMI, FL 33150

(305) 758-8111

272

Department of State
Division of Corporations
P.O 6327
Tallahassee, FL 32314

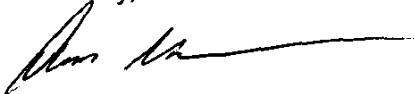
Re: Doc. #P03000003882

Dear Sirs;

Enclosed please find a check in the amount of \$300.00 to reinstate my corporation. I did not receive any notification in the mail for 2004 or 2005 by mail so I am asking that the penalty fee be waived because of this.

Thank you in advance for your time and consideration.

Sincerely,



Ores Nelson
President

Charter Number Only

VALIDATION ONLY

2/14/05

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

Tripod Collision & Repair Shop, Inc.

RECEIVED
05 FEB 19 AM 10:05
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Mail Out |



Empire Toll Free: 1-800-432-3028

| |
|----------------|
| Name |
| Availability |
| Document |
| Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |