

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000003882

1. Entity Name
TRIPOD COLLISION & REPAIR SHOP, INC.



FILED

2008 APR 30 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
04282008 REIN-P CR2E098 (1707) 07-08

Principal Place of Business
6220 NORTHWEST 2ND AVENUE
MIAMI, FL 33150

Mailing Address
6220 NORTHWEST 2ND AVENUE
MIAMI, FL 33150

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6220 NW 2 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FL

4. FEI Number
71-0926431

Applied For
Not Applicable

Zip Country

Zip Country
33150 Dade

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, ORES
2091 RAINESANCE BLVD
#206
MIRAMAR, FL 33025

Name
ORES NELSON
Street Address (P.O. Box Number is Not Acceptable)
6220 NW 2 AVE
City
MIAMI FL Zip Code
33150

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NELSON, ORES
6220 NORTHWEST 2ND AVENUE
MIAMI, FL 33150 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DAUPHIN, HEROLD
430 NW 98 ST
MIAMI, FL 33150 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900127343089
04/30/08--01020--011 ***300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* ORES NELSON
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08
Date

B. Michael APR 30 2008
Daytime Phone #