2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000049360

FILED Oct 21, 2004 Secretary of State

Entity Name: PERFORMANCE AUTO COLLISION & A/C, INC.

Current Principal Place of Business:		New Principal Place of Business:		
212 S HI AMPA, F	3HWAY 301 L 33619			
Current Mailing Address:		New Mailing Address:		
212 S HI AMPA, F	GHWAY 301 L 33619			
El Number	: 75-3118777	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
	N, WILLIAM J			
	GHWAY 301 L 33619 US			
AMPA, F	L 33619 US	ubmits this statement for the	purpose of changing its register	ed office or registered agent, or both
AMPA, F	L 33619 US named entity si e of Florida. RE:			ed office or registered agent, or both
AMPA, F he above the State	L 33619 US named entity si e of Florida. RE:	ubmits this statement for the		red office or registered agent, or both Date
AMPA, Fine above the state of t	named entity stee of Florida. RE: Electronic	c Signature of Registered Ag (2)(b), F.S., the corporation did n	gent	
AMPA, Fine above the State SIGNATUI	named entity stee of Florida. RE: Electronic	c Signature of Registered Ac (2)(b), F.S., the corporation did n Trust Fund Contribution ().	gent not receive the prior notice.	
AMPA, Fine above the State SIGNATUI	named entity step of Florida. RE: Electronic ce with s. 607.193 mpaign Financing S AND DIRECT	c Signature of Registered Ag (2)(b), F.S., the corporation did n Trust Fund Contribution (). ORS: Delete LLIAM J Y 301	gent not receive the prior notice.	Date
AMPA, F he above the State GNATU accordant lection Car pFFICER ttle: ame: ddress:	ce with s. 607.193 mpaign Financing S AND DIRECT PTD ()I FLESHMAN, WIL 2212 S HIGHWA TAMPA, FL 336	c Signature of Registered Ag (2)(b), F.S., the corporation did n Trust Fund Contribution (). ORS: Delete .LIAM J Y 301 19 Delete	pent out receive the prior notice. ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. FLESHMAN PRES 10/21/2004