

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 FEB 17 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000100725

1. Corporation Name

DELUXE AUTO COLLISION, INC.

2. Principal Office Address

1531 PINE AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32824

Country

USA

3. Mailing Office Address

1531 PINE AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32824

Country

U.S.A.

100067463321  
03/09/06--01026--009 \*\*1050.00  
REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

09-15-2003

5. FEI Number

59-3651338

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

JOSEPHINE RODRIGUEZ

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

12038 BLAIRMONT WAY

Suite, Apt. #, Etc.

City

ORLANDO

State  
FL

Zip Code

32825

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

*Josephine Rodriguez*  
REGISTERED AGENT MUST SIGN

Date

02/15/06

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
VPS	RODRIGUEZ, JOSEPHINE	12038 BLAIRMONT WAY	ORLANDO, FL 32825
PT	RODRIGUEZ, ISRAEL	12038 BLAIRMONT WAY	ORLANDO, FL 32825

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 contained in Chapter 119, 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:

*Israel Rodriguez*

ISRAEL RODRIGUEZ 02/14/06

407-850-0002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #