

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000130141

FILED
Jun 13, 2008
Secretary of State

Entity Name: COLLISION CARE XPRESS, INC.

Current Principal Place of Business:

1081 SOUTH DIXIE HIGHWAY
#5 WEST
POMPANO BEACH, FL 33060

Current Mailing Address:

1081 SOUTH DIXIE HIGHWAY
#5 WEST
POMPANO BEACH, FL 33060

New Principal Place of Business:

1080 SOUTH DIXIE HIGHWAY
#5 WEST
POMPANO BEACH, FL 33060 US

New Mailing Address:

1080 SOUTH DIXIE HIGHWAY
#5 WEST
POMPANO BEACH, FL 33060

FEI Number: 90-0121053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBROW DUKER & ASSOCIATES, P.A.
2832 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

DUBROW DUKER & ASSOCIATES, P.A.
5401 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33067 US

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.

SIGNATURE: B. ALAN DUBROW

06/13/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P. () Delete
Name: SANTIAGO, MARCIAL
Address: 1081 SOUTH DIXIE HIGHWAY #5 WEST
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P. (X) Change () Addition
Name: SANTIAGO, MARCIAL
Address: 1080 SOUTH DIXIE HIGHWAY #5 WEST
City-St-Zip: POMPANO BEACH, FL 33060 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARCIAL SANTIAGO

P

06/13/2008

Electronic Signature of Signing Officer or Director

Date