

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000027681 1. Entity Name FREEDOM COLLISION, INC.						<div style="text-align: right;">FILED</div> <div style="text-align: right;">05 OCT 21 AM 9:16</div> <div style="text-align: right;">SECRETARY OF STATE FLORIDA</div> <div style="text-align: right;">T. Roberts OCT 26 2005</div>			
Principal Place of Business 8034 NW 103 STREET #17 HIALEAH GARDENS, FL 33016				Mailing Address 8034 NW 103 STREET #17 HIALEAH GARDENS, FL 33016					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 		<div style="text-align: center;"> </div>					
4. FEI Number 90-0144760				Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SIMON, MARTHA 8034 NW 103 STREET #17 HIALEAH GARDENS, FL 33016				7. Name and Address of New Registered Agent Name CARLOS E. MEJIA Street Address (P.O. Box Number is Not Acceptable) 8034 NW 103 ST #17 City HIALEAH GARDENS FL Zip Code 33016					
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>				CARLOS E. MEJIA <small>(NOTE: Registered Agent signature required when reinstating)</small>				10/18/05 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 P <input checked="" type="checkbox"/> Delete NAME SIMON, MARTHA STREET ADDRESS 8034 NW 103 STREET #17 CITY-ST-ZIP HIALEAH GARDENS, FL 33016				TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CARLOS E. MEJIA STREET ADDRESS 8034 NW 103 ST #17 CITY-ST-ZIP HIALEAH GARDENS, FL 33016					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/18/05 <small>Date</small>				(305) 7-7342 <small>Daytime Phone #</small>	