

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000146842

1. Entity Name
X-TREME AUTO COLLISION, INC.



FILED

05 NOV 23 PM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1315 WEST CHURCH ST.
ORLANDO, FL 32805

Mailing Address
1315 WEST CHURCH ST.
ORLANDO, FL 32805



2. Principal Place of Business
1325 W. WASHINGTON ST.
Suite, Apt. #, etc.
UNITS 4/5B

3. Mailing Address
SAME
Suite, Apt. #, etc.

REINSTATEMENT 05
606 REINHOLD 625098 (6/04)

City & State
ORLANDO

City & State

4. FEI Number

Applied For
Not Applicable

Zip
32805

Country
USA

Zip

Country

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

MAHARAJ, KAMAL
1315 WEST CHURCH ST.
ORLANDO, FL 32805

Name
MAHARAJ, KAMAL
Street Address (P.O. Box Number is Not Acceptable)
1325 W. WASHINGTON ST.
UNITS 4/5B
City
ORLANDO FL Zip Code
32805

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

Kamal Mahaj

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11-17-05

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MAHARAJ, KAMAL
2402 LANCACHIRA COURTS
KISSIMMEE, FL 34743 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MAHARAJ, KAMAL
2402 LANCACHIRA COURTS
KISSIMMEE, FL 34743 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000061663420
11/23/05--01021--004 **158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 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: *Kamal Mahaj*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-05
Date Daytime Phone #