


2008 FOR PROFIT CORPORATION REINSTATEMENT

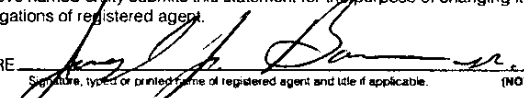
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|---|--|---|
| DOCUMENT # P05000010710 | |  |
| 1. Entity Name EXPERIENCED COLLISION INC | | |

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| Principal Place of Business 10129 S HIGHWAY 441 #2 & 3 BELLEVUE, FL 34420 | Mailing Address 10869 SE 74TH CT BELLEVUE, FL 34420 |
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| 2. Principal Place of Business - No P.O. Box # 10129 S HIGHWAY 441 | 3. Mailing Address 10869 SE 74TH CT |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |


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| City & State Bellevue FL | City & State Bellevue FL |
| Zip 34420 | Zip 34420 |
| Country MARION | Country MARION |

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| 6. Name and Address of Current Registered Agent BARNES, JOSEPH J SR 10869 SE 74TH CT BELLEVUE, FL 34420 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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  | DATE 10-28-08 |

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS BARNES, JOSEPH J SR 12499 E HWY 25 OCLAWAHA, FL 32179 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100137619101 11/04/08--01026--004 **\$150.00 |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  | DATE 10-28-08 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |

FILED
08 OCT 29 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 08

2010/30