PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY 23 AM 5:02

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000048072

000104101320
06/08/07--01004--009 **300.00

REINSTATEMENT

06-07

CR2E081 (1/07)

1. Corporate Name
ALECS COLLISION & CUSTOM INC

2. Principal Office Address - NO P.O. Box #
1716 W. NEW LENNOX LN
Suite, Apt. #, etc.
- - -
City & State
DUNNELLON FL
Zip 34434-2260 Country USA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
- - -
City & State
SAME
Zip SAME Country SAME

4. Date Incorporated or Qualified To Do Business in Florida 3/25/2005

5. FEI Number 20-2670823 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent
Name
JAMES C. MORAITES
Street Address (P.O. Box Number is Not Acceptable)
1716 WEST NEW LENNOX LANE
Suite, Apt. #, Etc.
- - -
City DUNNELLON State FL Zip Code 34434-2260

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent JAMES C. MORAITES
REGISTERED AGENT MUST SIGN
Date 4-24-2007

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	JAMES C. MORAITES	1716 W. NEW LENNOX LN	DUNNELLON FL 34434-2260
S/T/D	KERRIE-ANN MORAITES	1716 W. NEW LENNOX LN	DUNNELLON FL 34434-2260

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 and made under oath

SIGNATURE: JAMES C. MORAITES 4-24-2007 (352) 489-2882
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR DIRECTOR — Date — Daytime Phone #

ALEC'S COLLISION & CUSTOM INC.
1716 WEST NEW LENNOX LANE
DUNNELLON, FL 34434-2260

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: P05000048072/REINSTATEMENT

GENTLEMEN:

WE RESPECTFULLY ASK THAT YOU WAIVE THE REINSTATEMENT FEE AS WE CHANGED OUR ADDRESS AND NOTIFIED THE UNITED STATES POST OFFICE OF OUR NEW ADDRESS. WE NEVER RECEIVED THE 2006 ANNUAL REPORT AS THE POST OFFICE NEVER FORWARDED OUR MAIL.

WE HAVE GONE ON-LINE TO PRINT OUT A BLANK 2007 ANNUAL REPORT THAT IS ATTACHED HEREWITH ALONG WITH OUR CHECK FOR $150.00.

THANK YOU FOR YOUR UNDERSTANDING IN THIS MATTER.

RESPECTFULLY SUBMITTED,

X James C. Moraites

JAMES C. MORAITES, PRESIDENT

ENC: 2007 ANNUAL REPORT + CHECK FOR $150.00