

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 26 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06



12112006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000058565
1. Entity Name
A&G AUTOBODY & COLLISION, INC.



Principal Place of Business
4906 GEORGIA AVE
WEST PALM BEACH, FL 33405

Mailing Address
584 EASY ST
WEST PALM BEACH, FL 33406

2. Principal Place of Business
4906 Georgia Ave

3. Mailing Address
same

Suite, Apt. #, etc. 0

City & State
West Palm Beach

City & State

Zip 33405 Country Florida

4. FEI Number
20-2709273

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HERNANDEZ, EDWIN
584 EASY ST
WEST PALM BEACH, FL 33406

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, EDWIN 584 EASY ST WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000082954200 01/03/07--01/03/07--013 **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 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Dec 5, 2006

To The Division of Corporations,

A G AUTO BODY & COLLISION INC. has not been paying the corporation fee because they have not received any notification or bills stating that they have to pay, nor the amount needed to pay. PO5000058565.

I am sending a check with the amount of \$150.00 to reinstate the corporation. Please waive the amount of \$600.00. Thank you for your cooperation.

Sincerely,



Edwin Hernandez

PO5000058565

FEI. 20-2709273.