

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000130288

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** PINE HILLS COLLISION CENTER, INC.

**Current Principal Place of Business:**

2765 BELCO DRIVE  
SUITE 1  
ORLANDO, FL 32808 FL

**New Principal Place of Business:**

**Current Mailing Address:**

2694 PORTABELLO CT  
OCOE, FL 34761

**New Mailing Address:**

1101 URSULA STREET  
OCOE, FL 34761

**FEI Number:** 20-3508219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAJKUMAR, GEWAN  
2694 PORTABELLO CT  
OCOE, FL 34761 US

**Name and Address of New Registered Agent:**

RAJKUMAR, GEWAN  
1101 URSULA STREET  
OCOE, FL 34761 US

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.

SIGNATURE: CHRISTINA NARAIN

02/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: RAJKUMAR, GEWAN  
Address: 1101 URSULA STREET  
City-St-Zip: OCOE, FL 34761

Title: DST  
Name: NARAIN, CHRISTINA  
Address: 1101 URSULA STREET  
City-St-Zip: OCOE, FL 34761

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINA NARAIN

DST

02/22/2011

Electronic Signature of Signing Officer or Director

Date