

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000019672

**FILED**  
**Nov 06, 2014**  
**Secretary of State**

**Entity Name:** NMB COLLISION CENTER, INC.

**Current Principal Place of Business:**

2038 N.W. 139TH STREET  
OPA LOCKA, FL 33054 US

**New Principal Place of Business:**

**Current Mailing Address:**

2038 N.W. 139TH STREET  
OPA LOCKA, FL 33054 US

**New Mailing Address:**

**FEI Number:** 20-8475689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FREEMAN, DENNIS B  
20801 BISCAYNE BOULEVARD  
SITE 304  
AVENTURA, FL 33180 US

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

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:** DENNIS FREEMAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P/D  
**Name:** ECKHARDT, KIM  
**Address:** 2038 N.W. 139TH STREET  
**City-St-Zip:** OPA LOCKA, FL 33054

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:** KIM ECKHARDT

P/D

11/06/2014

Electronic Signature of Signing Officer or Director

Date