2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000063396

City-St-Zip:

LARGO, FL 33774

Entity Name: D&C COLLISION AND SERVICE, INC

FILED Oct 08, 2009 Secretary of State

| Entity Nai | me: D&C CO | LLISION AND SERVICE, INC. | | | |
|---|--|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| 11050 70T SEMINOLI | "H AVE E, FL 337726; | 354 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 11050 70T SEMINOLE | "H AVE E, FL 337726 | 354 | | | |
| FEI Number: 26-0270712 FEI Number Applied For () | | FEI Number Not Applicable () | Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | | |
| | SIO, FRANK TH AVENUE I L 33774 U | | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: FRANKI | D'AMBROSIO | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| | | 93(2)(b), F.S., the corporation did no g Trust Fund Contribution(). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D'AMBROSIO, | AVENUE NORTH | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CASEY, CHRI | AVENUE NORTH | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | CASEY, DOME |) Delete ENICA AVENUE NORTH | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DOMENICA CASEY D 10/08/2009