

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000030150

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** ATLANTIC COLLISION CENTER INC

**Current Principal Place of Business:**

30 PECAN STREET  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

30 PECAN STREET  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

**FEI Number:** 26-4636755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEXTER, DANIEL W  
14158 TOMAS POINT LANE  
JACKSONVILLE, FL 32225 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:** DAN DEXTER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DEXTER, DANIEL  
**Address:** 14158 TOMAS POINT LANE  
**City-St-Zip:** JACKSONVILLE, FL 32225 US

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:** DANIEL W DEXTER

OFFI

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date