

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000086445

**FILED**  
**Dec 23, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN CLASSIC COLLISION CENTER INC

**Current Principal Place of Business:**

3501 NW 29 AVE  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

3501 NW 29 AVE  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 27-1162273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALFONZO, MARCO  
13495 SW 144 TERR  
MIAMI, FL 33182 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:** MARCO ALFONSO

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ALFONZO, MARCO  
**Address:** 13495 SW 144 TERR  
**City-St-Zip:** MIAMI, FL 33182

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:** MARCO ALFONZO

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

PRES

12/23/2010

\_\_\_\_\_  
Date