

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000071464

**FILED**  
**Jul 23, 2014**  
**Secretary of State**

**Entity Name:** 1050 ATLANTIC COLLISION INC

**Current Principal Place of Business:**

482 BLAKE AVE.  
BROOKLYN, NY 11207 US

**New Principal Place of Business:**

1201 NORTH 21ST AVENUE  
HOLLYWOOD, FL 33020 US

**Current Mailing Address:**

482 BLAKE AVE.  
BROOKLYN, NY 11207 US

**New Mailing Address:**

**FEI Number:** 46-0825524

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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: X

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P, T  
Name: CAPUS, MARC D  
Address: 482 BLAKE AVE.  
City-St-Zip: BROOKLYN, NY 11207 US

Title: S, D  
Name: CAPUS, MARC D  
Address: 482 BLAKE AVE.  
City-St-Zip: BROOKLYN, NY 11207 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: MARC D. CAPUS

PRES

07/23/2014

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

\_\_\_\_\_  
Date