

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000103589

Entity Name: IMPACT COLLISION, INC.

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2301 S.W. 57TH TERRACE  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

2301 S.W. 57TH TERRACE  
WEST PARK, FL 33023

**Current Mailing Address:**

2301 S.W. 57TH TERRACE  
HOLLYWOOD, FL 33023

**New Mailing Address:**

2301 S.W. 57TH TERRACE  
WEST PARK, FL 33023

**FILING CANCELLED**  
**RETURNED CHECK**

FEI Number: 65-0720411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TAFFE, CLADEUS  
9400 S.W. 6TH COURT  
PEMBROKE PINES, FL 33025 US

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

TAFFE, CLADEUS  
2301 S.W. 57TH TERRACE  
WEST PARK, FL 33023 US

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: CLADEUS TAFFE

03/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TAFFE, CLAUDEUS  
Address: 2301 S.W. 58TH TERRACE  
City-St-Zip: WEST PARK, FL 33023

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: CLADEUS TAFFE

P/D

03/09/2011

Electronic Signature of Signing Officer or Director

Date