## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P97000000768

City-St-Zip:

OCALA, FL 34474

FILED Nov 05, 2009 Secretary of State

Entity Nar	me: CENTRA	L FLORIDA COLLISION, INC			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	T HIGHWAY 2 W, FL 34420	5			
Current Mailing Address:			New Mailing Address:		
	T HIGHWAY 2 W, FL 34420	5			
FEI Number:	: 58-2275590	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
DUNHAM, LINDA 5507 SE 111TH ST BELLEVIEW, FL 34421 US			11547 SE US HIGH	LOSITO, VALERIE J 11547 SE US HIGHWAY 441 BELLEVIEW, FL 34420 US	
	named entity of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: VALERIE J LOSITO				11/05/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution (  ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ATKINS, WILLI 8783 EAST HI BELLEVIEW, F	SHWAY 25	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( ATKINS, ROSE 8783 EAST HIG BELLEVIEW, F	SHWAY 25	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V ( CREMEANS, G 7200 SW 15TH		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: MICHAEL ATKINS Ρ 11/05/2009