

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P97000002438

1. Corporation Name

D & K COLLISION, INC.

99 DEC 27 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4224 S. HIGHWAY 441
OKEECHOBEE FL 34974

Mailing Address

4224 S. HIGHWAY 441
OKEECHOBEE FL 34974



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~4260 Hwy 441 South~~

3. New Mailing Office Address, If Applicable

~~4260 Hwy 441 South~~

Suite, Apt. #, etc.

~~Okeechobee~~

Suite, Apt. #, etc.

~~Okeechobee~~

City & State

~~FLA~~

City & State

~~FLA~~

Zip

~~34974~~

Country

~~Okeechobee~~

Zip

~~34974~~

Country

~~Okeechobee~~

4. Date Incorporated or Qualified To Do Business in Florida

01/06/1997

5. FEI Number

65-0727475

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WILLIAMS, LONNIE	4260 HWY 441 SOUTH	OKEECHOBEE FL 34974
VPS	RUSSELL, GENA	4260 HWY 441 SOUTH	OKEECHOBEE FL 34974
P	Lonnie Ray Williams	4260 Hwy 441 South	Okeechobee FLA 34974
VPS	Gen E Williams	4260 Hwy 441 South	Okeechobee FLA 34974

8. Name and Address of Current Registered Agent

~~TYLER, JAMES N~~
~~301 N. PARROTT AVENUE~~
~~OKEECHOBEE FL 34974~~

9. Name and Address of New Registered Agent

Name Lonnie Ray Williams
Street Address (P.O. Box Number is Not Acceptable)
4260 Hwy 441 South
Suite, Apt. #, Etc.
City Okeechobee State FL Zip Code 34974

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-14-99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-99 941-763-700