

16 May 2005 15:39

A1A#CORPORATE#SERVICES

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FILED
DIVISION OF CORPORATIONS

05 MAY 16 AM 7:12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

DOCUMENT # P97000030041

1. Corporation Name

CONTINENTAL COLLISION CENTER, INC.

2. Principal Office Address

1115 PONCE DE LEON

3. Mailing Office Address

9431-119 WAY N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BELLEAIR

City & State

SEMINOLE

Zip

33756

Country

US

Zip

33772

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/2003

5. FEI Number

59-3448602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Adult and Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SMITH, LESTER E III

Street Address (P.O. Box Number is Not Acceptable)

9431-119 WAY N

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33772

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/6/2005

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SMITH, LESTER E III	9431-119 WAY N	SEMINOLE FL 33772

10. 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/6/2005

Daytime Phone #

41050001168903

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DATE: 05-06-2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: CONTINENTAL COLLISION CENTER, INC.
LESTER E III SMITH

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL
SINCE 2004

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 727 581 3735

THANKS,


CONTINENTAL COLLISION CENTER, INC.
LESTER E III SMITH

16 May 2005 15:39

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Division of Corporations

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**Florida Department of State
Division of Corporations
Public Access System**

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

**CORPORATION REINSTATEMENT
CONTINENTAL COLLISION CENTER, INC.**

Certificate of Status	0
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