

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATION

FILED

99 NOV - 1 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000039700

1. Corporation Name

J. & K. COLLISION REPAIRS, INC.

Principal Place of Business

Mailing Address

19600 N.E. MIAMI COURT  
MIAMI FL 33179

19600 N.E. MIAMI COURT  
MIAMI FL 33179

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/05/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0764061

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
PD	ALCINDOR, JUDE	19600 N.E. MIAMI COURT	MIAMI FL 33179

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\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALCINDOR, JUDE  
19600 N.E. MIAMI COURT  
MIAMI FL 33179

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Jude Alcindor  
REGISTERED AGENT MUST SIGN

Date 10-25-1999

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:

Jude Alcindor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-1999

Daytime Phone #

CR2E040 (8/99)

MIAMI 10.25.1999

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DEPARTMENT OF STATE

TO WHOM IT MAY CONCERN

FOR THE PAST TWO YEARS, WE  
AT J & K COLLISION REPAIR INC DID NOT  
RECEIVE THE PROFIF CORPORATION ANNUAL REPORT  
PACKET 1998. LAST YEAR, I PAID \$50.00 WHEN  
I RECEIVE THE SECOND NOTICE ONLY  
THIS YEAR THE PACKET WAS NOT MAILED, THERE WAS  
NO SECOND NOTICE, THE ONLY CORRESPONDENCE  
I RECEIVE WAS "THE DISSOLUTION AND AN EN-  
VELOP FOR REINSTATMENT.  
I WRITE TO WAVE THE LATE FEE AND HOPE NEXT  
YEAR I WILL RECEIVE THE PACKET ON TIME SO  
I CAN PAY ON TIME

SINCERELY

Jude Alexander

FOR J & K COLLISION REPAIR INC.