

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 22 AM 8:00

DOCUMENT # **P97000069183**

1. Corporation Name

**NAPLES COLLISION CENTER, INC.**

Principal Place of Business

11432 TAMiami TrL E.  
NAPLES FL 34113

Mailing Address

11432 TAMiami TrL E.  
NAPLES FL 34113

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/11/1997

5. FEI Number

65-0792990

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	JAMIESON, PHILIP D JR	<del>19355 PINE GLEN DR</del>	FORT MYERS FL 33912
		15126 BRIAR Ridge Circle	

8. Name and Address of Current Registered Agent

JAMIESON, PHILIP D JR  
19355 PINE GLEN DR  
FORT MYERS FL 33912

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE*

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)


OCTOBER 15, 2003

FLORIDA DEPARTMENT OF STATE

AS OF TODAY WE DID NOT RECEIVE YOUR CORRESPONDENCE DATED AUGUST 1st, 2003.

WE ARE SENDING IN THIS NOTICE WITH THE PROPER INFORMATION ON IT, AS PER TOM  
IN YOUR TALLAHASSEE OFFICE.

THANKING YOU IN ADVANCE FOR YOUR PATIENCE WITH US.



PHILIP JAMIESON