


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 OCT -6 PM 1:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000072613 1 Corporation Name A-1 COLLISION, INC.					
Principal Place of Business 5061 NE 13 AVE. OAKLAND PARK, FL 33334			Mailing Address 5061 NE 13 AVE. OAKLAND PARK, FL 33334		
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 8/21/97 5 FEI Number 65-0777354 6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/D	MICHAEL CALABRESE	11605 NW 3RD DR	CORAL SPRINGS, FL 33071		
ST/D	MICHAEL MINUTILLO	7840 NW 51 ST.	LAUDERHILL, FL 33351		
8. Name and Address of Current Registered Agent JOSEPH A. PEREIRA, JR. 10300 SW 72 ST. 470C MIAMI, FL 33173			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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 <u>Joseph A. Pereira, Jr.</u> Date <u>10/5/99</u> REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12 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: <u>Michael Calabrese</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL CALABRESE			Date <u>10/5/99</u> Daytime Phone # <u>954 351-5550</u>		

**A-1 Auto Collision
5061 N.E. 13 Ave
Oakland Pk. FL 33334**

October 5, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

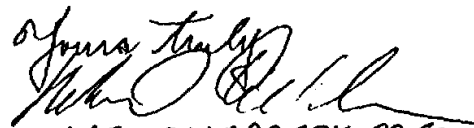
Re: A-1 Collision, Inc. P 97000072613
A-1 Auto Collision, Inc. P 98000018806

Dear Department of State:

Please accept the two enclosed Application
for Reinstatement forms along with the payment
of \$150.00 for each.

We never received the original report form
nor any notice of second request or dissolution.
If during the processing of a pending bank loan
this did not come up we still would not know
of the administrative dissolution.

Thank you for your co-operation.

Yours Truly

MICHAEL CALABRESE, PRES.