

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

01 DEC 10 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P. 970000 81751

**1. Corporation Name**

CARROLLWOOD Collision & Service INC  
DBA Carrollwood Auto Body & Service CTR

**2. Principal Office Address**

4126 Gunn Hwy

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip 33624

Country

Hillsborough

**3. Mailing Office Address**

4126 Gunn Hwy

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33624

Country

**REINSTATEMENT**

2001-1998

**4. Date Incorporated or Qualified  
To Do Business in Florida**

Nov

**5. FEI Number**

59-3415006

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Luz Cintron

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

17829 Osprey Pointe PL.

Suite, Apt. #, Etc.

City

Tampa,

State  
**FL**

Zip Code

33647

**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

Luz Cintron

REGISTERED AGENT MUST SIGN

Date

12/6/01

**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
<u>Pres</u>	<u>AGUSTIN CINTRON</u>	<u>17829 Osprey Pointe PL</u>	<u>TAMPA, FL 33647</u>
<u>Secy</u> <u>Treas</u>	<u>Luz Cintron</u>	<u>17829 Osprey Pointe PL</u>	<u>TAMPA, FL 33647</u>

**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)(l), 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:**

Luz Cintron / Luz Cintron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/01

Date

813 960-3046

Daytime Phone #

CR2001 (9/99)