

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000083628

1. Corporation Name

ARTISTIC COLLISION SERVICE, INC.

Principal Place of Business

8255 W. 20TH AVENUE
HIALEAH FL 33014

Mailing Address

8255 W. 20TH AVENUE
HIALEAH FL 33014

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

09/26/1997

5. FEI Number

65-0791016

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



600008997026
11/14/02--01025--025 **150.00

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	MOLE, ALINA JESUS MIRANDA	6700 S W 99TH AVENUE 15834 NW 82CT	MIAMI FL 33173 MIAMI LAKES, FL 33016
VPT	MIRANDA, MARILYN	6700 S W 99TH AVENUE 15834 NW 82CT	MIAMI FL 33173 MIAMI LAKES, FL 33016

8. Name and Address of Current Registered Agent

MIRANDA, JESUS
15834 NW 82ND CT
MIAMI LAKES FL 33016

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/7/02

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

JESUS MIRANDA

MARILYN MIRANDA 11/7/02 3058270073

Date

Daytime Phone #

CR2EC40 (8/02)

20f2

ARTISTIC COLLISION SERVICES, INC
8255 W. 20th AVENUE
HIALEAH, FL 33014

November 7, 2002

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Re: P97000083628

To Whom It May Concern:

As per my conversation with Michele from your office today, I am sending you copies of previous Corporation filing. Please note the changes that were made in 2001 for Officers of the Corporation.

The application for 2002 was mailed in April before the deadline. I have not seen the cancelled check yet, therefore is possible that it was misplaced.

Please contact my office ph 305 827 0073
or fax 305 827 8010 for further information.

Sincerely,

Marilyn Miranda