PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT -6 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000018806

1 Corporation Name
A-1 AUTO COLLISION, INC.

Principal Place of Business / 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 2/26/98

5. FEI Number 65-0833432 — 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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| P/D | MICHAEL CALABRESE | 11605 NW 3RD DR | CORAL SPRINGS, FL 33071 |
| ST/D | MICHAEL MINUTILLO | 7840 NW 51 ST. | LAUDERHILL, FL 33351 |
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500003018885--3
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****150.00 ****150.00

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 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 Joseph A Pereira, Jr Date 10/5/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (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: _____ 10/5/99 954 351-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL CALABRESE

**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. P97000072613
A-1 Auto Collision, Inc. P98000018806

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.