

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # P98000045588	
1. Entity Name	
VICTOR'S COLLISIONS INC	

FILED

07 MAY 16 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2700-C MICHIGAN AVENUE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KISSIMMEE, FL		City & State	
Zip 34744	Country	Zip	Country

REINSTATEMENT

4. FEI Number 59-3512788		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name VICTOR DEXTER	
Street Address (P.O. Box Number is Not Acceptable) 14639 ASTINA WAY	
City ORLANDO	FL Zip Code 32827

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **VICTOR B DEXTER** **5/14/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

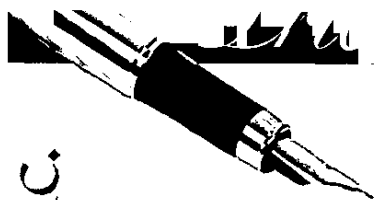
10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VICTOR B DEXTER 14639 ASTINA WAY ORLANDO, FL. 32827	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300103046213 05/23/07--01003--023 **1209.75
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K. Eckel MAY 16 2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **VICTOR B DEXTER** **5/14/2007** **(407) 822-7640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Price's Accounting Firm Inc.



05/14/07

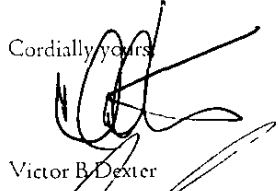
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
TALLAHASSEE, FLORIDA

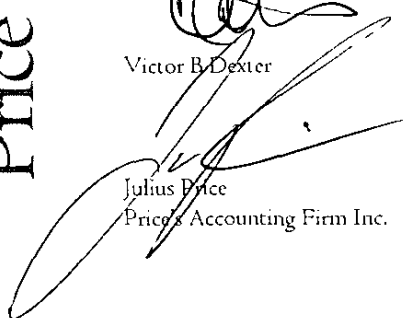
To Whom It May Concern,

This letter is to inform you that Victor's Collision Inc., did not receive the annual corporate report form. The corporation expired, and the corporation annual report was not mailed to the current shareholder. The current shareholder was not aware of the Annual Report and, the address of record was not updated, thus the current shareholder did not inquire about the report. Due to these facts we are asking that you wave the reinstatement fee. Enclosed is a check for the outstanding amount due over a period of three years.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,


Victor B. Dexter


Julius Price
Price's Accounting Firm Inc.

407.822.7640 - OFFICE 407.532.9181 - FAX
1452 BRUTON BLVD. ORLANDO, FL 32805
PRICESACCOUNTINGFIRM@YAHOO.COM