FILED

04 OCT 22 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000046718

1. Entity Name
EAST COAST COLLISION, INC.

Principal Place of Business	Mailing Address
120 SW 5TH ST POMPANO BEACH, FL 33060	120 SW 5TH ST POMPANO BEACH, FL 33060

10202004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
21 SW 5 STREET	21 SW 5 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL	City & State: POMPANO BEACH, FL
Zip: 33060 Country: BROWARD	Zip: 33060 Country: BROWARD

4. FEI Number: 65-0838913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRIEDMAN, MARC 120 SW 5TH ST POMPANO BEACH, FL 33060	Name: LOUIS BRUNI Street Address (P.O. Box Number is Not Acceptable): 21 SW 5 STREET City: POMPANO BEACH FL Zip Code: 33060

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: X [signature] LOUIS BRUNI 10/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS BRUNI, LOUIS 120 SW 5TH ST POMPANO BEACH, FL 33060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	21 SW 5 STREET POMPANO BEACH, FL 33060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BRUNI, LOUIS 120 SW 5TH ST POMPANO BEACH, FL 33060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	21 SW 5 STREET POMPANO BEACH, FL 33060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300042101803 10/22/04--01032--015 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] LOUIS BRUNI 10/20/04 954-941-7084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

$150.00 ★NO NOTIFICATIONS RECEIVED of ANNUAL REPORT - AS PER TELEPHONE AND WEBSITE PLEASE WAIVE ALL REINSTATEMENT FEES. AND NOTE NEW ADDRESS. THANK YOU.

FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF DISSOLUTION OR REVOCATION

000B702 01 AV 0.178 **AUTO T0 1 12SM 33060-7304

EAST COAST COLLISION, INC.
120 SW 6TH ST
POMPANO BEACH FL 33060-7304

State of Florida
Department of State

Certificate of Administrative Dissolution or Revocation

The below named entity having failed to file its 2004 annual report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 17, 2004.

Entity Name: EAST COAST COLLISION, INC.

Document Number: P98000046718

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, the 17th day of September, 2004.

Glenda E. Hood

Glenda E. Hood
Secretary of State

COR2102 8/04

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.