

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000045888

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** CARMEL COLLISION CENTER, INC.

**Current Principal Place of Business:**

309 CARMEL DRIVE  
FT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

309 CARMEL DRIVE  
FT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 59-3609543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BREGÉ, DANE  
309 CARMEL DRIVE  
FT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** DANE BREGÉ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CPVS  
**Name:** BREGÉ, DANE  
**Address:** 309 CARMEL DRIVE  
**City-St-Zip:** FORT WALTON BEACH, FL 32547

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DANE BREGÉ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CPVS

08/28/2012

\_\_\_\_\_  
Date