

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 OCT 18 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000075910

1. Corporation Name

ROYAL COLLISION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 641061  
NORTH MIAMI FL 33164

P.O. BOX 641061  
NORTH MIAMI FL 33164



300003447063--0

-11/01/00--01058--026

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida  
\*\*\*750.00 \*\*\*750.00  
08/25/1999

Suite, Apt. #, etc. 921 N. 21<sup>st</sup> Ave.

Suite, Apt. #, etc.

City & State Hollywood, FL

City & State

Zip 33020 Country U.S.A

Zip Country

5. FEI Number

65-0943179

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 3	City / State / Zip 4
PD	QUINTO, LEIGH J	2000 TOWERSIDE TERRACE T2-4	MIAMI FL 33138
VD	SPINELLA, JAMES V	19125 SW 95TH AVENUE	MIAMI FL 33157
PD	Quinto, Leigh J.	252 Three Islands Blvd., Apt. 308	Hallandale, FL. 33009

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUINTO, LEIGH J  
12355 NE 13TH AVENUE  
NORTH MIAMI FL 33161

Name Quinto, Leigh J.  
Street Address (P.O. Box Number is Not Acceptable)  
252 Three Islands Blvd.  
Suite, Apt. #, Etc.  
Apt. #308  
City Hallandale  
State FL Zip Code 33009

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/12/00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/00 (954) 920-7404  
Date Daytime Phone #