

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 14 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000081328

1. Corporation Name

Liberty Collison Center, Inc.

2. Principal Office Address

800 Turnbull St.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Bch., FL

City & State

Zip

32168

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/08/1999

5. FEI Number

593609445

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lowell E. Curtis

Street Address (P.O. Box Number is Not Acceptable)

800 Turnbull Street

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32168

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Lowell E. Curtis	800 Turnbull Street	New Smyrna Bch., FL 32168
ST	Judith J. Curtis	800 Turnbull Street	New Smyrna Bch., FL 32168
VP	Jeffrey B. Curtis	800 Turnbull Street	New Smyrna Bch., FL 32168
			700069447097 04/04/06--01055--002 **450.00

10. 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 contained in Chapter 119, 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: Lowell E. Curtis, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-06

Date

386-426-2756

Daytime Phone #

2052

LIBERTY COLLISION CENTER, INC.
800 Turnbull Street
New Smyrna Beach, FL 32168
Telephone: 386-426-2756

March 7, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Liberty Collision Center, Inc.

Dear Sir or Madam:

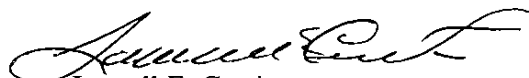
Enclosed please find the following:

1. Application for Reinstatement.
2. Liberty Collision Center, Inc.'s check in the amount of \$450.00, representing the Annual Report Fee and Corporate Supplemental fee for the years 2004, 2005, and 2006.

Please be advised that Liberty Collision Center, Inc. did **not** receive the annual report notices for 2004 and we are requesting waiver of the reinstatement fee.

If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,


Lowell E. Curtis
President