

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 25 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

899-86513

1. Corporation Name

Precision Collision And Auto Repair Center, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

1605 Lockhart Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

1605 Lockhart Ave

Suite, Apt. #, etc.

City & State

Haines City FL

City & State

Haines City FL

Zip

33844

Country

POLK

Zip

33844

Country

POLK

700030948477  
03/23/04--01106--015 \*\*900.00

4. Date Incorporated or Qualified  
To Do Business in Florida

9/27/99

5. FEI Number

593598508

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

MARCELINO CRESPO

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

1605 Lockhart Ave

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

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

x Marcelino Crespo

Date

3/18/04

REGISTERED AGENT MUST SIGN

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
P	MARCELINO CRESPO	634 Eagle Point South	Kissimmee, FL 34746
D	Gloria M. Crespo	634 Eagle Point South	Kissimmee, FL 34746
S	Gloria Crespo	634 Eagle Point South	Kissimmee, FL 34746

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 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:

x Marcelino Crespo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

Daytime Phone #

CR2001 (01/04)