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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 30 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000092200

1. Corporation Name

Collision 2000, Inc.

500005211605-9
-10/04/02-01062-019
****450.00 ****450.00

2. Principal Office Address

2619 SW 5th

3. Mailing Office Address

2619 SW 5th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33135

Country

Dade

Zip

33135

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

10-99

5. FEI Number

☒ 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

Daniel Gomez De Rosas

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

2619 SW 5th

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33135

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

[Signature]

Date 9-26-02

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
PRES	Daniel Gomez De Rosas	2619 SW 5th	Miami FL 33135
D	Madelin Lorenzo	2619 SW 5th	Miami FL 33135

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Gomez De Rosas

Date

9/26/02 (305) 643-9324
(786) 306-0832

Daytime Phone #

CR2E081 (9/01)

2082
September 27, 2002

Department of State
Division of Corporations
PO Box 3267
Tallahassee, FL 32314

RE: P99000092200
Collision 2000, Inc.

To whom it may concern,

I am enclosing my completed reinstatement for my corporation. The corporation was placed inactive since I had an address change. I would like to reinstate this corporation and request for you to waive any penalties that may have been incurred since I never received notification of my corporation's inactivity. I have enclosed a check for \$450 for the reinstatement.

Thank you for your assistance,

Daniel Gomez de Rosas
