

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

01-02 UBR
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 14 AM 10:34

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # S05749

1. Corporation Name

WALLER COLLISION SERVICES, INC
2120 STATE ROAD 16
St. Augustine Fl. 32084

2. Principal Office Address

2120 STATE ROAD 16

Suite, Apt. #, etc.

City & State

St. Augustine Florida

Zip

Country

32084

USA

3. Mailing Office Address

4301 Confederate Pt. Rd

Suite, Apt. #, etc.

C-48

City & State

JACKSONVILLE, FLORIDA

Zip

Country

32210

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/90

5. FEI Number

59-3032805

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

Michael D. Waller

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

4301 Confederate Point Rd.

Suite, Apt. #, Etc.

C-48

City

JACKSONVILLE

State

FL

Zip Code

32210

100004962031--2

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****300000 ****3000.00

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 2/12/02

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	Michael D. Waller	4301 Confederate Pt. Rd C-48 JACKSONVILLE FL	JACKSONVILLE FL 32210
V. Pres	Peter C. Jacob	201 Royal Tern Dr. N	Ponte Vabra Beach FL 32082

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]

Michael D Waller

2/12/02

904-806-3944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)