2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S83189

FILED Apr 04, 2007 Secretary of State

Entity Name: DATTILO'S COLLISION CENTER, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	RIER ST RSBURG, FL 3	37141031		
Current Mailing Address:		New Mailing Address:		
	RIER ST RSBURG, FL 3	37141031		
El Numbe	: 59-3084823	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	MAN CIR ATER, FL 3376	S1 US		
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
n the Stat		·	ourpose of changing its register	ed office or registered agent, or both,
n the Stat	e of Florida. ´ RE: <u>DAVID L I</u>	·		ed office or registered agent, or both, Date
the Stat GNATU accordar	e of Florida. RE: DAVID L I Electron ace with s. 607.19	DANIELS	ent	
n the Stat SIGNATU n accordar Election Ca	e of Florida. RE: DAVID L I Electron ace with s. 607.19	DANIELS ic Signature of Registered Agr 3(2)(b), F.S., the corporation did no 3 Trust Fund Contribution ().	ent ot receive the prior notice.	
the Stat GNATU accordar lection Ca	e of Florida. RE: DAVID L I Electron ace with s. 607.19: mpaign Financing S AND DIREC P () DANIELS, DAVI 5944 CARRIER	DANIELS ic Signature of Registered Agr 8(2)(b), F.S., the corporation did no 9 Trust Fund Contribution (). TORS: Delete D L	ent ot receive the prior notice.	Date
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accordar ection Ca FFICER ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	e of Florida. RE: DAVID L I Electron ace with s. 607.19: mpaign Financing S AND DIREC P () DANIELS, DAVI 5944 CARRIER SAINT PETERS S () DANIEL, TONI S 2479 HICKMAN CLEARWATER	DANIELS ic Signature of Registered Age 3(2)(b), F.S., the corporation did no 3 Trust Fund Contribution (). TORS: Delete D L STREET N. BURG, FL 33714 Delete S CIR FL 33761 Delete JEST T	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	Date BES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L DANIELS P	04/04/2007
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