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APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED
96 DEC -4 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # V66472

Professional Auto Collision, Inc.
7304 S.W. 42 Street
Miami, FL

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The name(s) of the corporation can be changed only by filing an amendment.

Address

Address 400002019854--1

City and State

REINSTATEMENT 96

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
9/23/92	65-0358292	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
PD	Alberto Fadul	7304 S.W. 42 Street	Miami, FL
STD	Teresita Fadul	7304 S.W. 42 Street	Miami, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Joel Degabio
2121 Ponce de Leon Blvd.
Coral Gables, FL 33134

8. Name and Address of New Registered Agent and/or Office

Name: Alberto Fadul
Street Address (Do NOT Use P.O. Box Number): 7304 S.W. 42 Street
Street Address (Do NOT Use P.O. Box Number):
City and State: Miami, FL
Zip: 33155

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 12-3-96
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: [signature] Date: 12-3-96 Daytime Phone #: 461-9499

Typed or printed name of signing officer or director: Alberto Fadul

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

(2)

RECEIVED
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OFFICE OF CORPORATION

csc networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 174934 7119558

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 383.75

ORDER DATE : December 4, 1996

ORDER TIME : 11:49 AM

ORDER NO. : 174934-005

CUSTOMER NO: 7119558

CUSTOMER: Georgina Valdes, Legal Asst
Arnaldo Velez, P.a.
255 University Drive

Coral Gables, FL 33134

DOMESTIC FILINGS

NAME: PROFESSIONAL AUTO COLLISION, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap
EXAMINER'S INITIALS _____