

REINSTATEMENT

07-08

DOCUMENT # G14078

1. Entity Name
MODERN AUTO PAINTING, INC.



FILED

2008 MAR -4 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02272008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box # 2835 POWELL ST		3. Mailing Address 2835 POWELL ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT MYERS FL		City & State FORT MYERS FL	
Zip 33901	County LEE	Zip 33901	County LEE

4. FEI Number 59-2425954	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NILE, HARRY G. 2031 BARDEN ST. FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 95 CARDINAL DR City NORTH FORT MYERS FL Zip Code 33917	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Harry Nile* **HARRY G NILE** *Harry Nile* **2 28 08**

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstated.)

FILE NOW!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD NILE, HARRY G. 2031 BARDEN ST. FORT MYERS, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 95 CARDINAL DR NORTH FORT MYERS FL 33917
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP HILLMAN, RUSSELL J 17670 SABLE PALM DR NORTH FORT MYERS, FL 33917 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition 800119366578 03/04/08--01020--002 ***308
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S MYERS, STELLA R 95 CARDINAL DR NORTH FORT MYERS, FL 33917 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry Nile* **HARRY G NILE** **2-28-08** **289-218 2690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/6/08