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**2006 FOR PROFIT CORPORATION REINSTATEMENT**


**FILED**

06 NOV -6 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000117912**

1. Entity Name  
**EVERGLADES AUTO, INC.**




Principal Place of Business <b>779 NOTTINGHAM DR NAPLES, FL 34109</b>	Mailing Address <b>779 NOTTINGHAM DR NAPLES, FL 34109</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1017106 01041 024 150.00  
11012006 REIN-P CR2E098 (11/05)

4. FEI Number <b>58-2585611</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**GUTIERREZ, JAIME**  
**779 NOTTINGHAM DR**  
**NAPLES, FL 34109**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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  (NOTE: Registered Agent signature required when reinstating) DATE **11/09/06**

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

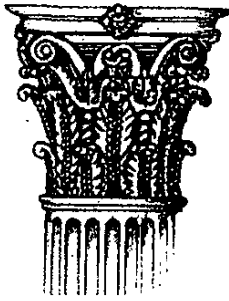
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GUTIERREZ, JAIME</b> <b>779 NOTTINGHAM DR</b> <b>NAPLES, FL 34109</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  DATE **11/3/06** Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NO 11/9



**H. Michael Magruder, CPA LLC**  
2770 South Horseshoe Drive, Suite #1  
Naples, FL 34104-6147  
Phone (239) 649-3272  
Fax (239) 649-3273

[www.mikemagruder.com](http://www.mikemagruder.com)

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November 1, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Mr. Andy Dunlap

Re: Everglades Auto, Inc.  
Ref #: P00000117912

Dear Mr. Dunlap,

Everglades Auto, Inc, did not receive their notification for filing their annual Uniform Business Report.

Mr. Gutierrez became aware his corporation was administratively dissolved when he attempted to obtain an additional business license for the purchase and sale of automobiles.

He contacted our office in mid October to inquire about the situation and we informed him of the annual filing requirement and that he needed to bring his accounting work in to bring it up to date.

As an office policy we download the preprinted forms and save them as PDF files on our server for all of our clients. We do not know if a prior year client is a current year client until they bring their work in to our office.

I realize your office concludes that if they receive a "pre-printed" form the client must have "known" of the filing requirement and just sent it in late. However, as you can see in this case, the client did not know of the requirement as our office printed the form, not the client.

Kindly accept the attached 2006 For Profit Corporation Reinstatement. We would appreciate if you would consider this matter resolved.

Sincerely,

H. Michael Magruder, CPA