2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P01000082400 1. Entity Name 06 SEP 25 AM ID: 39 LARRY'S GENERAL REPAIRS, INC. JALLAHASSEE, PLORIDA Principal Place of Business Mailing Address 15001 SW 71 STREET 15001 SW 71 STREET MIAMI, FL 33193 MIAMI, FL 33193 2. Principal Place of Business 3. Mailing Address 09182006 REIN-P CR2E098 (11/05) 06 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-1132124 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOPEZ, LARRY Street Address (P.O. Box Number is Not Acceptable) 15001 SW 71 STREET MIAMI, FL 33193 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 of registered agent and title if applicable (NDTE: Registered Agent signature required when reinstating) Signature, typed or print FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2007, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE 400080150 NAME LOPEZ, LARRY NAME 09/25/06--01062--002 STREET ADDRESS STREET ADDRESS 15001 SW 71 STREET CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THILE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 eath; 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 il changed, or on an attachment with an address, with all other like empowered SIGNATURE: NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 22, 2006

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Florida Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Larry's General Repairs, Inc.

Document No.: P01000082400

Ladies and Gentlemen:

I am writing to advise you that I never received the original annual report form for the above-referenced company. One of your representatives explained to download the form from your web page, sign and return with a check in the amount of \$150.00.

I am requesting that you to please process and reinstate the company. If you have any questions, please feel free to contact me at (305) 282-8702.

Thank you for all your assistance in this matter.

Sincercly,

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