

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT -8 AM 11: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09242007 09242007 09242007 09242007 09242007 09242007 09242007 09242007 09242007 09242007

REINSTATEMENT

09

DOCUMENT # P03000135428 1. Entity Name PROFESSIONAL BODY SHOP, INC.	
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Principal Place of Business 8699 N.W. 66 ST MIAMI, FL 33166	Mailing Address 8699 N.W. 66 ST MIAMI, FL 33166
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2. Principal Place of Business - No P.O. Box # 8038 NW 103 ST Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State HIALEAH GARDENS Zip 33016	City & State Zip Country	4. FEI Number 36-4543488	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MONAGAS, RAIDEL 673 N.W. 125 COURT. MIAMI, FL 33182	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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 - ST - ZIP	PVST <input type="checkbox"/> Delete MONAGAS, RAIDEL 673 N.W. 125 COURT. MIAMI, FL 33182	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.5em; font-weight: bold;">200110497822</div> <div style="text-align: center; font-weight: bold;">10/08/07--01050--029 **150.00</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; font-weight: bold; text-align: center;">09/10/09</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: [Signature] DATE: 09/24/07