2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000125616 FILED 06 MAY 30 AM 9: 57 4 POINTS AUTO REPAIR, INC. SECRETARY OF STATE. FALLAHASSEE, PLORIDA Principal Place of Business Mailing Address 2108 OLD TAMPA HWY 2108 OLD TAMPA HWY LAKELAND, FL 33813 LAKELAND, FL 33813 2. Principal Place of Business 2108 Old Mailing Address City & State 4. FEI Number 301562430 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent OCHOA, CARLOS O Street Address (P.O. Box Number is Not Acceptable) 2108 OLD TAMPA HWY LAKELAND, FL 33813 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 musis SIGNATURE / FILE NOW!!! FEE IS \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Addition TITLE Change OCHOA, CARLOS O NAME NAME 2108 OLD TAMPA HWY STREET ADDRESS STREET ADDRESS 05/31/05 90006 041 LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-ZIP B 150.00 Lilia I Ochoa ☐ Delete NAME 2108 old Tampa Hwy. NAME 300075971873 06/08/06--01006--019 **158.75 STREET ADDRESS EUREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change NAME NAME STREET ADDRESS STREÉT 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 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

4 Points Auto Repair Inc. 2108 Old Tampa Hwy. Lakeland, Florida 33813 (863)683-5616 FAX (863)688-9169

Division of Corporations,

I am writing this letter for my mother and father-in-law, Carlos and Lilia Ochoa. They got a letter from you last year saying that you needed their EIN number. Their first language is Spanish and they misunderstood the letter. My mother-in-law thought it was a receipt so she filed it away. I spoke with someone from your office yesterday and the woman asked me to write you this letter to ask if you could waive the reinstatement fee. They have already paid the \$150.00 for 2005 and I am enclosing the fees for 2006. If this is not acceptable please contact me as soon as possible.

Thank you,

Wendy Stevanus-Ochoa