## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## FILED DOCUMENT # P07000036337 CHASIS AND PAINT BODY SHOP CORP. 08 NOV 13 PM 1: 17 SEGNATION STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 12448 SW 128 ST BAY 10 12448 SW 128 ST BAY 10 MIAMI, FL 33177 MIAMI, FL 33177 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11122008 CR2E098 (1/07) REIN-P FEI Number Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OCANDO, HENRY Street Address (P.O. Box Number is Not Acceptable) 12301 SW 191 ST MIAMI, FL 33177 City Zip Code 8. The above named entity subgrits this standard 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 registerez 11-12-08 SIGNATURE name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE 18 \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2009, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1D. 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME OCANDO, HENRY NAME 12448 SW 128 ST BAY 10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 CITY-ST-ZIP DV ☐ Delete TITLE Change Addition TITLE PACHON, LISINDO NAME NAME 12448 SW 128 ST BAY 10 STREET ADDRESS STREET ADDRESS 000138035150 CiTY+ST-ZIP MIAMI, FL 33177 CITY-ST-ZIP 11/18/08-01011-005 cata 150 Medition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition REINSTATEMEN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. I hereby 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 in 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 of 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 off other like empowered. 11-12-08 SIGNATURE: K NOTIFIED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Daytime Phone #