## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000130382

Title:

Name: Address:

City-St-Zip:

FILED Oct 08, 2009 Secretary of State

Entity Name: BRAKES 4 LESS OF JACKSONVILLE, INC. **Current Principal Place of Business: New Principal Place of Business:** 2103 BLANDING AVE. JACKSONVILLE, FL 32210 **Current Mailing Address: New Mailing Address:** 2103 BLANDING AVE JACKSONVILLE, FL 32210 FEI Number: 26-1543991 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LABECKA, ALBERT G. LABECKA, ALBERT G. 2103 BLANDING AVE. 1920 BELHAVEN DR. JACKSONVILLE, FL 32210 US ORANGE PARK, FL 32065 US 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. SIGNATURE: ALBERT G LEHECKA 10/08/2009 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DACEY, JOHN A. Name: Name: 2295 CHIMNEY WALK DR. Address: Address: City-St-Zip: SUWANEE, GA 3024 D City-St-Zip: Title: Title: ( ) Delete () Change () Addition DACEY, KEVIN E. Name: Name: 2295 CHIMNEY WALK DR Address: Address: SUWANEE, GA 30024 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition DEAN, CHRIS A. Name: Name: 2873 MISTY ROCK COVE Address: Address: City-St-Zip: DACULA, GA 30019 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VΡ SIGNATURE: ALBERT G LEHECKA 10/08/2009

( ) Delete

LABECKA, ALBERT G.

1920 BELHAVEN DR.

ORANGE PARK, FL 32065

() Change () Addition