

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000061661

**FILED**  
**Nov 14, 2011**  
**Secretary of State**

**Entity Name:** BROTHER'S AUTO CARE, INC.

**Current Principal Place of Business:**

4235 N UNIVERSITY DR  
# 101  
SUNRISE, FL 33351

**New Principal Place of Business:**

425 N DIXIE HWY  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

4235 N UNIVERSITY DR  
# 101  
SUNRISE, FL 33351 US

**New Mailing Address:**

425 N DIXIE HWY  
POMPANO BEACH, FL 33060

**FEI Number:** 26-2886191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTOS, ANTHONY  
4235 N UNIVERSITY DR  
# 101  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

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: ANTHONY SANTOS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SANTOS, ANTHONY  
Address: 4235 N UNIVERSITY DR # 101  
City-St-Zip: SUNRISE, FL 33351 US

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY SANTOS

P

11/14/2011

Electronic Signature of Signing Officer or Director

Date