

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000021176
 1. Entity Name
SHELEY AND SONS AUTOMOTIVE REPAIR, INC.



FILED

04 NOV -1 AM 10: 55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 1134 PONCE DE LEON BOULEVARD 1134 PONCE DE LEON BOULEVARD
 BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

10242004 REIN-P CR2E098 (6/04)
 4. FEI Number Applied For
59-3309326 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SHELEY, CHARLES L. SR
 1134 PONCE DELEON BLVD
 SUITE 206
 BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent
 Name **Charles L. Sheley Jr.**
 Street Address (P.O. Box Number is Not Acceptable) **1134 Ponce DeLeon Blvd.**
 City **Brooksville** FL Zip Code **34601**

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 *Charles L. Sheley Jr.* DATE **10/29/04**
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHELEY, CHARLES L 1134 PONCE DE LEON BOULEVARD BROOKSVILLE, FL 34601 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sheley, Charles L. Jr. <input type="checkbox"/> Delete 1134 Ponce DeLeon Blvd Brooksville, Fl. 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Charles L. Sheley Jr.* DATE **10/29/04** DAYTIME PHONE # **352-796-8085**
Signature and typed or printed name of signing officer or director

Charles L. Sheley Jr.

10/30/64

Gentlemen -

According to the information given on line I do not have to pay the reinstatement fee as I never got the package to file in the first place nor did I ever hear from you ~~the~~ people about it until a postcard came in the mail last week telling me our corporation is dissolved. This is a little late don't you think.

So enclosed you will find a check in the amount of \$300.00 instead of \$600.00.

Sincerely
Sheila D. Shelley