

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P06000143235	
1. Entity Name WILKAR FLEET SERVICE INC.	

Principal Place of Business 7280 STERLING ROAD #203 DAVIE, FL 33024	Mailing Address 7280 STERLING ROAD #203 DAVIE, FL 33024
---	---

2. Principal Place of Business - No P.O. Box # 6734 Sterling Rd Suite, Apt. #, etc. 118	3. Mailing Address 6734 Sterling Rd Suite, Apt. #, etc. 118
---	---

City & State DAVIE, FL	City & State DAVIE, FL
Zip 33024	Country USA

10092007 REIN-P CR2E098 (1/07)

4. FEI Number 20-5876752	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SANTOS, WILSON I 7280 STERLING ROAD #203 DAVIE, FL 33024	7. Name and Address of New Registered Agent Name Wilson I Santos Street Address (P.O. Box Number is Not Acceptable) 6734 Sterling Rd ste 118 City DAVIE FL Zip 33024
--	--

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 *Wilson Santos* **Wilson I. Santos** 10-9-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOS, WILSON I 7280 STERLING ROAD #203 DAVIE, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Santos, Wilson I 6734 Sterling Rd ste 118 DAVIE, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: *Wilson Santos* **10/9/07** (984) 548-4873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #