

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 487311

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** MUFFLER MAN SHOP OF ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

210 N. PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

5232 AVENUE D  
ST. AUGUSTINE, FL 32095

**New Mailing Address:**

**FEI Number:** 59-1623002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MOLNER, ESTHER L VST  
5232 AVENUE D  
ST AUGUSTINE, FL 32095 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:** ESTHER L. MOLNER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MOLNER, RICHARD L MR.  
**Address:** 5232 AVENUE D  
**City-St-Zip:** ST AUGUSTINE, FL 32095

**Title:** VST  
**Name:** MOLNER, ESTHER L  
**Address:** 5232 AVENUE D  
**City-St-Zip:** ST AUGUSTINE, FL 32095

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:** RICHARD L. MOLNER

PRES

04/26/2011

Electronic Signature of Signing Officer or Director

Date