

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 607606

1. Entity Name
CIRCLE AUTO SERVICE, INC.



FILED

07 JUN 15 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05092007 REIN.P CR2E098 (1/07) 06-07
REINSTATEMENT
4. FEI Number 59-1882529 Applied For Not Applicable

| | | | |
|---|---------|--|---------|
| Principal Place of Business 3512 N FLORIDA TAMPA, FL 33603 US | | Mailing Address 3512 FLORIDA AVE TAMPA, FL 33603 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent ALVAREZ, OSCAR E 3512 FLORIDA AVE TAMPA, FL 33603 | | 7. Name and Address of New Registered Agent Name: LARRY J CALHOUN Street Address (P.O. Box Number is Not Acceptable): 3512 FLORIDA AVE City: TAMPA, FL Zip Code: 33603 | |
|--|--|---|--|

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: Larry J Calhoun Larry J. Calhoun Pres & Secty 6-12-07
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

| | | | | | | | |
|----------------------------|----------------------|--|----------------|---|--|-------------------------------|--|
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 400104570714 | |
| NAME | ALVAREZ, OSCAR E | | NAME | | | 06/12/07--01063--004 **900.00 | |
| STREET ADDRESS | 3512 FLORIDA AVE | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA, FL 00000 | | CITY-ST-ZIP | | | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ALVAREZ, LILA B | | NAME | | | | |
| STREET ADDRESS | 3512 FLORIDA AVE | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA, FL 00000 | | CITY-ST-ZIP | | | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | PRES & SECTY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CALHOUN, LARRY, J | | NAME | | | | |
| STREET ADDRESS | 3512 FLORIDA AVE. N. | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA, FL | | CITY-ST-ZIP | | | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | V. PRES | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CALHOUN, H., JOEL | | NAME | | | | |
| STREET ADDRESS | 3512 FLORIDA AVE. | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA, FL | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | TREASURY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | CALHOUN, TERRY M. | | NAME | | | | |
| STREET ADDRESS | 3512 FLORIDA AVE | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA, FL | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |

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: Larry J Calhoun Larry J. Calhoun 6-12-07 813 2233303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #