

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F08000002416

**FILED**  
**Nov 04, 2010**  
**Secretary of State**

**Entity Name:** THE BRAKES METALFORMING CORP

**Current Principal Place of Business:**

309B BLACKSHEAR DR  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

**Current Mailing Address:**

309B BLACKSHEAR DR  
PANAMA CITY, FL 32404

**New Mailing Address:**

**FEI Number:** 26-2388489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWOPE, CAROLYN S  
309B BLACKSHEAR DR  
PANAMA CITY, FL 32404 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:** CAROLYN S SWOPE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** ROBERTS, JAMES E  
**Address:** 309B BLACKSHEAR DR  
**City-St-Zip:** PANAMA CITY, FL 32404

**Title:** S  
**Name:** SWOPE, CAROLYN S  
**Address:** 309B BLACKSHEAR DR  
**City-St-Zip:** PANAMA CITY, FL 32404

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:** CAROLYN S SWOPE

S

11/04/2010

Electronic Signature of Signing Officer or Director

Date