

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G55139

1. Entity Name  
GENE'S AUTO FRAME SERVICE & REPAIRS, INC.



Principal Place of Business  
3100 KENNESAW ST.  
FORT MYERS, FL 33916

Mailing Address  
3100 KENNESAW ST.  
FORT MYERS, FL 33916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10202004 REIN-P CR2E098 (6/04)

4. FEI Number  
59-2345738

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PARSONS, WADE H.  
2161 MCGREGOR BLVD.  
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 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 PD  
NAME REUTER, GENE T  
STREET ADDRESS 5601 BRIARCLIFF RD.  
CITY-ST-ZIP FORT MYERS, FL 33912 ☐ Delete

TITLE VD  
NAME REUTER, YVONNE C  
STREET ADDRESS 5601 BRIARCLIFF RD.  
CITY-ST-ZIP FORT MYERS, FL 33912 ☒ Delete

TITLE S  
NAME REUTER-LAMPMAN, MISTY  
STREET ADDRESS 6310 ST. ANDREWS CIR.  
CITY-ST-ZIP FORT MYERS, FL ☐ Delete

TITLE T  
NAME MARTIN, KIM  
STREET ADDRESS 19004 MURCOTT DR. E.  
CITY-ST-ZIP FORT MYERS, FL ☐ Delete

TITLE VD  
NAME MARTIN, DEBORAH L  
STREET ADDRESS 19004 MURCOTT DR. E.  
CITY-ST-ZIP FORT MYERS, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *X. Gene T. Reuter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X 10/26/04* *X 239-334-7427*  
Date Daytime Phone #

APPROVED  
AND  
FILED

04 OCT 26 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



*JK*