

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# J19836

**FILED**  
**Dec 10, 2014**  
**Secretary of State**

**Entity Name:** FLORIDA BODY SHOP AND REBUILDERS, INC.

**Current Principal Place of Business:**

6363 ULMERTON RD  
LARGO, FL 33771 49

**New Principal Place of Business:**

**Current Mailing Address:**

6363 ULMERTON RD  
LARGO, FL 33771 49

**New Mailing Address:**

**FEI Number:** 59-2470267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STANGANELLI, JOSEPH  
6363 ULMERTON RD  
LARGO, FL 33771 US

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

STANGANELLI, JOSEPH  
6363 ULMERTON RD  
LARGO, FL 33771 US

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: JOSEPH STANGANELLI

12/10/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STANGANELLI, JOSEPH  
Address: 1935 LEVINE LN.  
City-St-Zip: CLEARWATER, FL 33760

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: JOSEPH STANGANELLI

PRES

12/10/2014

Electronic Signature of Signing Officer or Director

Date