

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Dec 07, 2009  
Secretary of State**

DOCUMENT# M68122

Entity Name: TOM WILSON AUTO REPAIR, INC.

**Current Principal Place of Business:**

5532 PALMER BLVD  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

5532 PALMER BLVD  
SARASOTA, FL 34232 US

**New Mailing Address:**

FEI Number: 65-0034521      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SOMMERS, TERRI W.  
5532 PALMER BLVD  
SARASOTA, FL 34232 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: TERRI W. SOMMERS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILSON, LILLY E.  
Address: 5823 CHELSEA CIRCLE  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: WILSON, THOMAS E., JR  
Address: 15710 TURIYA CREEK WAY  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: SOMMERS, TERRI W.  
Address: 131 LONGLEY DRIVE  
City-St-Zip: PT. CHARLOTTE, FL 33954 US

Title: O ( ) Delete  
Name: WILSON, TIMOTHY W  
Address: 17362 IAGO AVE  
City-St-Zip: PT. CHARLOTTE, FL 33954

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TERRI W. SOMMERS

D

12/07/2009

Electronic Signature of Signing Officer or Director

Date