2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000054572 FILED 1. Entity Name LOS AMIGOS AUTO REPAIR, INC. 08 JUL - 7 AM 8: 09 SECRETARY OF STATE Principal Place of Business Mailing Address 7111 NORTON AVENUE 7111 NORTON AVENUE WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 06102008 REIN-P CR2E098 (1/07) City & State City & State Applied For 4. FÉI Number 65-1030243 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE-JESUS, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 7111 NORTON AVENUE WEST PALM BEACH, FL 33405 City 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. 06-10-00 (NOTE: Registered Agent signature required when rein In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D Change | ☐ Addition TITLE ☐ Delete MLE DE JESUS, FRANCISCO NAME STREET ADDRESS STREET ADDRESS **4721 LAKE AVENUE** CITY-ST-7IP WEST PALM BEACH, FL 33405 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Detete TID F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MLE Change ☐ Addition mue NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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** NG OFFICER OR DIRECTOR