


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000117813</b> 1. Entity Name <b>KACHIS AUTO REPAIRS INC.</b>	
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FILED

05 NOV -9 PM 6:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2101 N.W. 141 ST, UNIT 7 OPA LOCKA, FL 33054	Mailing Address 2101 N.W. 141 ST, UNIT 7 OPA LOCKA, FL 33054
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

  
**REINSTATEMENT FEE \$8.75**  
 18 05 2005 REINP CR2E098 (6/04) 05

**6. Name and Address of Current Registered Agent**

**CLENNON, DERRICK**  
 3705 S.W. 52ND AVE APT. 208  
 PEMBROKE PARK, FL 33023

4. FEI Number  
**65-1063500**

Applied For  Not Applicable

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, 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	P	<input type="checkbox"/> Delete
NAME	CLENNON, DERRICK	
STREET ADDRESS	20743 NW 3RD ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Derrick Cleannon* 11/05/05 (305) 7691377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #