

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000010798

**FILED**  
**Oct 07, 2005**  
**Secretary of State**

**Entity Name:** PRO AUTO REPAIR OF LABELLE INC.

**Current Principal Place of Business:**

49 N INDUSTRIAL LOOP  
LABELLE, FL 33975

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2774  
LABELLE, FL 33975

**New Mailing Address:**

**FEI Number:** 65-1126147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHEFFLER, LUIS  
4052 S. EDGEWATER CIR.  
LABELLE, FL 33935 US

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

SCHEFFLER, LOIS  
4052 S. EDGEWATER CIR.  
LABELLE, FL 33935 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: LOIS SCHEFFLER

10/07/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SCHEFFLER, EDWARD  
Address: 464 COWBOY WAY  
City-St-Zip: LABELLE, FL 33975

Title: D ( ) Delete  
Name: SCHEFFLER, LOIS  
Address: 4052 S. EDGEWATER  
City-St-Zip: LABELLE, FL 33935

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

Title: D (X) Change ( ) Addition  
Name: SCHEFFLER, EDWARD  
Address: 49 N. INDUSTRIAL LOOP  
City-St-Zip: LABELLE, FL 33975

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOIS SCHEFFLER

P

10/07/2005

Electronic Signature of Signing Officer or Director

Date