2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000015762

Entity Name: TOMCO REPAIR, INC.

FILED Jul 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9740 ALASKA CIRCLE 9648 RICHMOND CIRCLE BOCA RATON, FL 33434 BOCA RATON, FL 33434

Current Mailing Address: New Mailing Address:

9740 ALASKA CIRCLE 9648 RICHMOND CIRCLE BOCA RATON, FL 33434 BOCA RATON, FL 33434

FEI Number: 52-2294126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TAYLOR, SHARI

8828 NW 76TH STREET

TAMARALE, FL 33321 US

CACHO, TOM A
9648 RICHMOND CIRCLE
BOCA RATON, FL 33434 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: BY E.S. DAVILA AS ATTORNEY-IN-FACT 07/18/2005

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: CACHO, TOM A Name: CACHO, TOM A

 Address:
 9740 ALASKA CIRCLE
 Address:
 9648 RICHMOND CIRCLE

 City-St-Zip:
 BOCA RATON, FL 33434
 City-St-Zip:
 BOCA RATON, FL 33434

 Name:
 LODOS, YOANA
 Name:
 LODOS, YOANA

 Address:
 9740 ALASKA CIRCLE
 Address:
 9648 RICHMOND CIRCLE

City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: BOCA RATON, FL 33434

Title: T (X) Delete Title: () Change () Addition
Name: LODOS, YOANA Name:

 Name:
 LODOS, YOANA
 Name:

 Address:
 9740 ALASKA CIRCLE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33434
 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: BY E.S. DAVILA AS ATTORNEY-IN-FACT S 07/18/2005