

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000023962

1. Entity Name
G & G DEPENDABLE AUTO CARE, INC.



FILED
06 OCT -3 PM 2:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4033 BLANDING
JACKSONVILLE, FL 32210

Mailing Address
P.O. BOX 24668
JACKSONVILLE, FL 32241-4668 US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

09272006 REIN-P CR2E098 (11/05)

City & State

4. FEI Number
59-3706638

Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

GREEN, KEVIN
SUITE #2
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name Kevin Green

Street Address (P.O. Box Number is Not Acceptable)

3617-2 Crown Point Rd.

City Jacksonville

FL

Zip Code 32257

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 Kevin Green
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 9/27/06

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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 PD ☐ Delete
NAME BUCHHEIT, GEORGE
STREET ADDRESS PO BOX 24668
CITY-ST-ZIP JACKSONVILLE, FL 322414668

TITLE DST ☐ Delete
NAME BRUGONE, GARY L
STREET ADDRESS PO BOX 24668
CITY-ST-ZIP JACKSONVILLE, FL 322414668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

500080390215
10/03/06--01026--008 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Gary Brugone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/06
Date

904-288-8999
Daytime Phone #