

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000055177

**Entity Name:** ADVANCED CAR CARE INC

**FILED**  
**Oct 06, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

100 CHAMPION AVE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

1506 E. WISCONSIN AVE.  
ORANGE CITY, FL 32763

**New Mailing Address:**

**FEI Number:** 59-3722706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOWLER, THOMAS T  
1506 E WISCONSIN AVE  
ORANGE CITY, FL 32763 US

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

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:** THOMAS T. FOWLER

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** CEO ( ) Delete  
**Name:** FOWLER, THOMAS T  
**Address:** 1506 E WISCONSIN AVE  
**City-St-Zip:** ORANGE CITY, FL 32763

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

**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 Chapter 119, 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:** THOMAS T. FOWLER

CEO

10/06/2006

Electronic Signature of Signing Officer or Director

Date