

2006 FOR PROFIT CORPORATION REINSTATEMENT

1052

DOCUMENT # P01000061596	
1. Entity Name EURO MAX AUTO BODY, CORP.	



FILED

08 AUG 27 PM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

Principal Place of Business 4774 NW 2 AVE A-4 BOCA RATON, FL 33432	Mailing Address 4774 NW 2 AVE A-4 BOCA RATON, FL 33432
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT 06-08

4. FEI Number 65-1114665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SAGNOTTI, FRANCA 10610 BERLEY BLVD BOCA RATON, FL 33428	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAGNOTTI, FRANCA 10610 BERLEY BLVD BOCA RATON, FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SAGNOTTI, STEFANO 10610 BERLEY BLVD BOCA RATON, FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAGNOTTI, LUCIANO 10610 BERLEY BLVD BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMESAR, DAVID 10610 BERLEY BLVD BOCA RATON, FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAGNOTTI, FRANCA 10610 Bexley Blvd. Boca Raton FL 33428 <input type="checkbox"/> Change <input type="checkbox"/> Addition (P)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAVID RAMESAR 10610 Bexley Blvd. Boca Raton FL 33428 <input type="checkbox"/> Change <input type="checkbox"/> Addition VP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAGNOTTI, STEFANO - 10610 Bexley Blvd. D. Boca Raton, FL. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	200135007052 08/27/08--01031--006 **450.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Francis Sagnotti* **08/24/08** **561-994 0080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


2082

EUROMAX AUTO BODY CORP

To whom it may concern

I DAVID RAMESAR Vice President of euromax auto Body Corp,
Did not received any notices and I v would like to Reinstate
Euromax Auto Body Corp.

Thanks

David Ramesar

8/24/08