

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000116655

**FILED**  
**Dec 15, 2010**  
**Secretary of State**

**Entity Name:** GROVELAND AUTO REPAIR, INC.

**Current Principal Place of Business:**

207 EAST BROAD ST.  
GROVELAND, FL 34736

**New Principal Place of Business:**

**Current Mailing Address:**

207 EAST BROAD ST.  
GROVELAND, FL 34736

**New Mailing Address:**

**FEI Number:** 22-3850972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DHARAMPAUL, HARRIRAM  
207 EAST BROAD ST.  
GROVELAND, FL 34736 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:** HARRIRAM DHARAMPAUL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** DHARAMPAUL, JARGRANIE  
**Address:** 2432 SLOAN'S RIDGE RD.  
**City-St-Zip:** GROVELAND, FL 34736

**Title:** VD  
**Name:** DHARAMPAUL, HARRIRAM  
**Address:** 2432 SLOAN'S RIDGE RD.  
**City-St-Zip:** GROVELAND, FL 34736

I hereby 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 all other like empowered.

**SIGNATURE:** JAGRANIE DHARAMPAUL

PD

12/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date