

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000120796

Entity Name: MILAGROS AUTO REPAIR, INC.

FILED
Mar 29, 2005
Secretary of State

Current Principal Place of Business:

801 N. STATE
BUNNELL, FL 32110

New Principal Place of Business:

25 OLD KINGS RD NORTH
SUITE 3B
PALM COAST, FL 32137

Current Mailing Address:

PO BOX 352501
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 59-3761220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, GARY A
25 OLD KINGS ROAD, NORTH
SUITE 3B
PALM COAST, FL 32137 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: GARY A BLOOM

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLOOM N, GARY A
Address: 25 OLD KINGS ROAD, NORTH SUITE 3B
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLOOM, GARY A
Address: 25 OLD KINGS ROAD, NORTH SUITE 3B
City-St-Zip: PALM COAST, FL 32137

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: GARY A BLOOM

Electronic Signature of Signing Officer or Director

PD

03/29/2005

Date