

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000024659

FILED
Oct 23, 2008
Secretary of State

Entity Name: AUTO COLOR & COLLISION REPAIR, INC.

Current Principal Place of Business:

18310 SOUTH DIXIE HWY.
MIAMI, FL 33187

New Principal Place of Business:

18310 SOUTH DIXIE HWY.
MIAMI, FL 33157

Current Mailing Address:

18310 SOUTH DIXIE HWY.
MIAMI, FL 33187

New Mailing Address:

18310 SOUTH DIXIE HWY.
MIAMI, FL 33157

FEI Number: 01-0617664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRICABURU, LUIS
17080 S.W. 156 CT.
MIAMI, FL 33187 US

Name and Address of New Registered Agent:

CARRICABURU, LUIS
18310 SOUTH DIXIE HWY
MIAMI, FL 33157 US

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: LUIS CARRICABURU

10/23/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CARRICABURU, LUIS
Address: 17080 S.W. 156 CT
City-St-Zip: MIAMI, FL 33187

Title: DS () Delete
Name: CARRICABURU, ZOBEIDA
Address: 17080 SW 156 CT
City-St-Zip: MIAMI, FL 331877781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARRICABURU, LUIS
Address: 18310 SOUTH DIXIE HWY
City-St-Zip: MIAMI, FL 33157

Title: S (X) Change () Addition
Name: CARRICABURU, ZOBEIDA
Address: 18310 SOUTH DIXIE HWY
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify 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: LUIS CARRICABURU

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10/23/2008

Electronic Signature of Signing Officer or Director

Date