2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000030580

1. Entity Name
G & G BODY REPAIRS, INC.

FILED
05 APR -4 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5210 NW 35 Avenue Miami Fl 33142	5210 N.W. 35th Avenue Miami Florida 33142

01042005 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-2354845

5. Certificate of Status Desired ☐ $8.75 Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALAGON, GUILLERMO 5210 N.W. 35th Avenue Miami Florida 33142	Name Street Address (P.O. Box Number is Not Acceptable) RESIDENTIAL City FL

04-05

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 GUILLERMO MALAGON 3/31/2005
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ARZOLA, GUILLERMO 5210 NW 35 Avenue Miami Fl 33142 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT MALAGON, GUILLERMO 621 SW 67 Terrace Pembroke Pines Fl 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add 200051137232 04/19/05--01005--005 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify 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 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 above, if applicable, or on an attachment with all other like empowered.

SIGNATURE: GUILLERMO ARZOLA 3/31/2005