

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000109623

FILED
Sep 25, 2007
Secretary of State

Entity Name: TRI-COUNTY REPAIR & MAINTENANCE, INC.

Current Principal Place of Business:

3603 COMMERCE BLVD
#F
KISSIMMEE, FL 34741

New Principal Place of Business:

825 OAK SHADOWS ROAD
CELEBRATION, FL 34747

Current Mailing Address:

3603 COMMERCE BLVD
#F
KISSIMMEE, FL 34741

New Mailing Address:

52 RILEY ROAD
#158
CELEBRATION, FL 34747

FEI Number: 01-0748023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOTTI, NEIL
550 EAGLE PT SOUTH
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

MOTTI, NEIL
825 OAK SHADOWS ROAD
CELEBRATION, FL 34747 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: NEIL W. MOTTI

09/25/2007

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: P () Delete

Name: MOTTI, NEIL

Address: 3603 COMMERCE BLVD, # F

City-St-Zip: KISSIMMEE, FL 34741

Title: P (X) Change () Addition

Name: MOTTI, NEIL

Address: 825 OAK SHADOWS ROAD

City-St-Zip: CELEBRATION, FL 34747

Title: V () Delete

Name: MOTTI, JULIE

Address: 3603 COMMERCE BLVD, # F

City-St-Zip: KISSIMMEE, FL 34741

Title: V (X) Change () Addition

Name: MOTTI, JULIE

Address: 825 OAK SHADOWS ROAD

City-St-Zip: CELEBRATION, FL 34747

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: JULIE L. MOTTI

VP

09/25/2007

Electronic Signature of Signing Officer or Director

Date