


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000013065		
1. Entity Name ALL ABOUT AUTOMOTIVE RECONDITIONING CORP.		

Principal Place of Business 2188 WEST TENNESSEE STREET TALLAHASSEE, FL 32304	Mailing Address 2188 WEST TENNESSEE STREET TALLAHASSEE, FL 32304
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2. Principal Place of Business 3206 W. TENN. ST. Suite, Apt. #, etc.	3. Mailing Address 1139 ALBRITTON DR. Suite, Apt. #, etc.
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City & State TALLA. FL.	City & State TALLA. FL. 32301
Zip 32304	Zip 32301
Country LEDN	Country LEDN

6. Name and Address of Current Registered Agent JOHNSTON, BUDDY W 1139 ALBRITTON DRIVE TALLAHASSEE, FL 32301	
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03162005	REIN-P	CR2E098 (6/04)
4. FEI Number 01-0769738	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

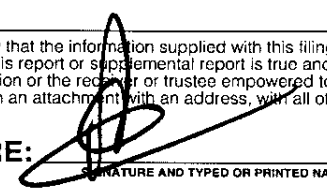
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, JOHNSTON, BUDDY W 1139 ALBRITTON DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HILDA MARIA SUAREZ 106 S. NETHERBINE WAY TALLA. FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6000488465008 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/22/05--01022--020 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  03-16-05 850-322-5962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

05 MAR 16 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

