## 2007 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT							F- 11		
DOCUMENT # P03000032366						į	<b>!</b>	LED	
BANTA'S AUTO REPAIR & ELECTRIC, INC.							2007 JUL -	·3 AM II: 50	3
Principal Plac	e of Business		Mailing Address	I	1	SECRETA	RY OF STATE		
1718-1 ST. JOHNS BLUFF ROAD JACKSONVILLE, FL 32246			1718-1 ST. JOHNS BLUFF ROAD JACKSONVILLE, FL 32246				TALLAHAS	SSEE, FLORID	<i>r</i> *
2. Principal P	Place of Business -	No P.O. Box #	3. Mailing Address				[[]		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06272007	REIN-P	CR2E098 (1/07	)
City & State			City & State			4. FEI Numbe 56-2329		<b>⊢</b>	Applied For Vot Applicable
Zip	Country		Zip	Zip Country		i	of Status Desired	□ \$8.75 A Fee Regui	dditional
	6. Name and	Address of Curren	Registered Agent			7. Name and Address of New Registered Agent			
DANTA V	DIC			Name					
BANTA, KRIS 1718-1 ST. JOHNS BLUFF ROAD JACKSONVILLE, FL 32246					Street Address (P.O. Box Number is Not Acceptable)				
	,				C'A			17-C	
					City			FL Zip Co	
8. The above named entity subsmits this statement for the purposeror manging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
C 22.07									
SIGNATURE Signature, types or printed risine of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating)  DATE									
FII	LE NOW!!! FE	E IS \$900.00							
10.		OFFICERS AND	I DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTO	RS IN 11
TITLE	PD Delete					☐ Change ☐ Addition			
NAME STREET ADDRESS	BANTA, KRIS	HNS BLUFF ROA	NAME STREE		E El adoress	000105409120 07/03/0701051009 **900.00			
CITY-ST-ZIP	JACKSONVILI		CHY-ST-ZIP		l	01/02/01 01031 003 **300.00			
TITLE			☐ Defete	☐ Delete IIILE				Change	Addition
NAME STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP		<u>.                                    </u>	CITY	-ST-ZIP					
HILL			☐ Delete				☐ Change	Addition	
NAME STREET ADDRESS	<u> </u>			NAME STREET ADDRESS					
CITY-ST-ZIP			···- <u>-</u>		ST-7IP				
TITLE NAME			☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS				STRE	ET ADDRESS				
CITY-ST-ZIP				CITY	-ST-ZIP			☐ Change	☐ Addition
NAME			☐ Delete	NAM	1			change	Addition
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP	1		☐ Delete	TITLE	- ST-ZIP		-	☐ Change	☐ Addition
NAME			□ Delete	NAM	i			crisinge	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP				ı
	certify that the info	rmation supplied wit	thathis filing does not qualify for			in Chapter 119,	, Florida Statutes, I f	further certify that the	information
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 a frustee endowered 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, who all other life empowered.									
changed, or on an attachment with an address, which of the importance.									
SIGNATURE:  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Destrine Proce #									
!	/								Į

1600