

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000041066 1. Entity Name DEFIO'S PAINT AND BODY SHOP, INC.					
Principal Place of Business 6139 SW 38TH ST OCALA, FL 34476			Mailing Address P O BOX 771964 ORLANDO, FL 34477-1964		
2. Principal Place of Business 6139 SW 38TH ST			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State OCALA FLORIDA			City & State		
Zip 34476		Country MARION		Zip	
Country		Country		4. FEI Number 65-1174840	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DEFIO, ALEXANDER E 5029 SW 104 LOOP OCALA, FL 34476				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Alexander Defio</i></u> 10-05-04 <small>Signature, typed or printed name of registered agent and time if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DEFIO, ALEXANDER E 5029 SW 104TH LOOP OCALA, FL 34476		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 200041666722 10/07/04--01015--024 **152.75 </div>	
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	
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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: <u><i>Alexander Defio</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 10-05-04 352-207-3002 </div> <small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052004 REIN-P CR2E098 (6/04)