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FILED


07 DEC -5 PM 3:05

CLERK OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-07



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # <b>P03000052391</b>	
1. Entity Name <b>RODAS BODY SHOP, CORP</b>	

Principal Place of Business	Mailing Address

2. Principal Place of Business <b>912 RAVEN AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>912 Raven Ave</b> Suite, Apt. #, etc.
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City & State <b>MIAMI SPRINGS, FL</b>	City & State <b>MIAMI SPRINGS, FL</b>
Zip <b>33166</b>	Country <b>US</b>
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Zip <b>33166</b>	Country <b>US</b>

01172006 Chg-P CR2E034 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent	
Name <b>DAVID R. MACKERT</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>912 RAVEN AVE.</b>	
City <b>MIAMI SPRINGS</b>	FL Zip Code <b>33166</b>

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
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9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S Griselda Trana 2961 NW 97 ST MIAMI FL 33147</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S MACKERT, DAVID R 912 RAVEN AVE MIAMI SPRINGS, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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 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 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 	<b>DAVID MACKERT</b>	Date <b>11/26/07</b>	Daytime Phone # <b>349-8340</b>
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2x 12/06

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RODAS BODY SHOP, CORP.  
912 RAVEN AVE  
MIAMI SPRINGS, FL 33166

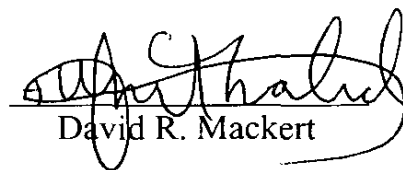
November 26, 2007

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice reminding me of the Uniform Business Report of my company Rodas Body Shop, Corp. with Document # P03000052391. Along with this letter you will find a check in the amount of \$600.00 and my Uniform Business Report for the years of 2004 - 2007.

If you need further assistance please feel free to contact us. Thank you in advance for your help.

Sincerely,



David R. Mackert