

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000085266

1. Entity Name  
AUTO PRO BODY TECH, INC.



**FILED**  
**Nov 15, 2004 8:00 A.M.**  
**Secretary of State**

Principal Place of Business  
7249 SW 42ND TERR  
MIAMI, FL 33155

Mailing Address  
7249 SW 42ND TERR  
MIAMI, FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192004

REIN-P

CR2E098 (6/04)

4. FEI Number

52-240-2981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARTOLANO, JOSEPH  
2307 DOUGLAS RD STE 401  
CORAL GABLES, FL 33145

7. Name and Address of New Registered Agent:

Name: Joseph Cartolano

Street Address (P.O. Box Number is Not Acceptable): Downtown Legal Center

46 N.E. 6th St

City Miami

FL

Zip Code 33132

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

Signature of or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/10/04

**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

TITLE S  
NAME KARAN, ETHEL  
STREET ADDRESS 7249 SW 42ND TERR  
CITY-ST-ZIP MIAMI, FL 33155 ☐ Delete

TITLE P  
NAME LAGUDALI, OMAR  
STREET ADDRESS 7249 SW 42ND TERR  
CITY-ST-ZIP MIAMI, FL 33155 ☐ Delete

TITLE V  
NAME RAMCHARAN, SALOME B  
STREET ADDRESS 7249 SW 42ND TERR  
CITY-ST-ZIP MIAMI, FL 33155 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500042163425  
CITY-ST-ZIP 10/25/04--01078--022 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salome B Ramcharan

Date

Daytime Phone #

305265 4903