

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 16 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000115424			
1. Entity Name JOHNNY THOMPSON REPAIR, INC.			
Principal Place of Business 2611 GAME FARM ROAD PANAMA CITY, FL 32405 US		Mailing Address 2611 GAME FARM ROAD PANAMA CITY, FL 32405 US	
2. Principal Place of Business		3. Mailing Address 3403 STATE AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PANAMA CITY, FL	
Zip	Country	Zip	Country
32405	USA	32405	USA
6. Name and Address of Current Registered Agent THOMPSON, JOHNNY 2611 GAME FARM ROAD PANAMA CITY, FL 32405		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 \$150.00 After January 1, 2007, 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	P THOMPSON, JOHNNY 2611 GAME FARM ROAD PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200080878582 10/19/06--01046--017 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		10-10-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

10/19/06