

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000116580

**Entity Name:** A-PLUS REPAIR SERVICE, INC.

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4272 PRAIRIE VIEW DR NORTH  
SARASOTA, FL 342321654

**New Principal Place of Business:**

5319 MOELLER AVENUE  
SARASOTA, FL 34233

**Current Mailing Address:**

4272 PRAIRIE VIEW DR NORTH  
SARASOTA, FL 342321654

**New Mailing Address:**

P.O. BOX 5774  
SARASOTA, FL 34277

**FEI Number:** 74-3106483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUIKEN, LYNN CPA  
4370 S TAMIAMI TR STE 326  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** LYNN KUIKEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** KEYWORTH, MICHAEL C  
**Address:** 5319 MOELLER AVENUE  
**City-St-Zip:** SARASOTA, FL 34233

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL KEYWORTH

DPST

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date