

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000012254 1. Entity Name OAK PLACE AUTO BODY SHOP, INC.						FILED 05 OCT 20 PM 8:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 630 OAK PLACE P PORT ORANGE, FL 32127				Mailing Address 630 OAK PLACE P PORT ORANGE, FL 32127			
2. Principal Place of Business 630 Oak Place Suite, Apt. #, etc. Suite P City & State Port Orange, FL Zip 32127		3. Mailing Address 630 Oak Place Suite, Apt. #, etc. Suite P City & State Port Orange, FL Zip 32127		 REINSTATEMENT 2005		4. FEI Number 84-1641898	
Country Volusia		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent PADGETT, JONATHAN R 630 OAK PLACE P PORT ORANGE, FL 32127				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	D <input type="checkbox"/> Delete PADGETT, JONATHAN R 175 CONRAD STREET ALLANDALE, FL 32127			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000060820479 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/20/05--01042--013 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LILLY, JAMES D 218 HERBERT STREET PORT ORANGE, FL 32119			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		
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: <i>James D. Lilly</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Oct. 13, 2005 / 386-322-4370 <small>Date Daytime Phone #</small>			