

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000026298

1. Entity Name  
S & S AUTO REPAIR, SALES & TOWING, INC.



FILED

07 NOV -2 PM 4: 18

STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8210 OLIVEWOOD PL  
TAMPA, FL 33615

Mailing Address  
8210 OLIVEWOOD PL  
TAMPA, FL 33615

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4744 WOODMERE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
LAND O LAKES, FL.

Zip

Country

Zip

34639

Country

1025200 03/01/07

REINSTATEMENT

(1/07)

07

4. FEI Number

65-1220527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAHADEO, SEEWCHAND  
8210 OLIVEWOOD PL  
TAMPA, FL 33615

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4744 WOODMERE RD.

City

LAND O LAKES

FL

Zip Code

34639

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 *Seewchand Saha*

(NOTE: Registered Agent signature required when reinstating)

DATE

10/30/07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
SAHADEO, SEEWCHAND  
8210 OLIVEWOOD PL  
TAMPA, FL 33615 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SAHADEO, DEONAUTH B  
8308 W POCAHONTAS AVE  
TAMPA, FL 33615 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
BOLDER, JOSHUA  
5223 MADISON LAKE CIRCLE  
TAMPA, FL 33619 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*P 11/6* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
4744 WOODMERE RD.  
LAND O LAKES, FL. 34639

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
400111642384  
11/02/07--01030--008 ☐ Change ☐ Addition  
\*\*150.00

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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 *Seewchand Saha*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/07

Date

Daytime Phone #