2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P04000039175 07 OCT 16 AM 8: 40 L & E AUTO BODY SHOP INC. TALL MIASSEE, FLORIDA Mailing Address Principal Place of Business 1110 E 25 ST 1110 E 25 ST HIALEAH, FL 33010 HIALEAH, FL 33010 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10102 REINSTATEMENT(1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 20-0809664 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VERRIER, EUSEBIO Street Address (P.O. Box Number is Not Acceptable) 1110 E 25 ST HIALEAH, FL 33010 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Ρ TITLE ☐ Change Addition TITLE Delete VERRIER, EUSEBIO NAME NAME 1110 E 25 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete 900110862139 10/16/07-01054-007 **15 NAME NAME STREET ADDRESS STREET ADDRESS **150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 786-318-1825 Daytime Phone # PRESIDE 107007 SIGNATURE:

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR