

# 2005 FOR PROFIT CORPORATION REINSTATEMENT


112

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 15 AM 8:30

**DOCUMENT # P04000050461**

1. Entity Name  
**S & A AUTO REPAIR, INC.**



Principal Place of Business: **10557 SE MARICAMP RD. SILVER SPRINGS SHORES OCALA, FL 34472**

Mailing Address: **10557 SE MARICAMP RD. SILVER SPRINGS SHORES OCALA, FL 34472**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



10282005 REIN-P CR2E098 (6/04)

4. FEI Number: Applied For / Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **SARJU, SEW H 10557 SE MARICAMP RD. SILVER SPRINGS SHORES OCALA, FL 34472**

7. Name and Address of New Registered Agent: Name, Street Address, City, State (FL), Zip Code

8. The above named entry 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: *Sew Sarju* DATE: **11/08/05**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>President</b> <input type="checkbox"/> Delete	NAME: <b>Sew H Sarju</b>	TITLE: <b>500061443283</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>11/15/05--01060--012 **150.00</b>
STREET ADDRESS: <b>19 Bahia Loop</b>	CITY-ST-ZIP: <b>Ocala FL 34472</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <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: *Sew Sarju* **Sew H Sarju** DATE: **11/08/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/15/05

2/2

10557 SE MARICAMP RD  
SILVER SPRINGS SHORES  
OCALA FL 34472  
NOVEMBER 08, 2005

TO WHOM IT MAY CONCERN:

I AM ATTACHING THE SIGNED 2005 FOR PROFIT CORPORATION  
REINSTATEMENT.

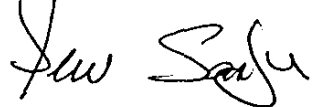
I WISH TO ADVISE YOU THAT I NEVER RECEIVED ANY PRIOR NOTICE FOR  
2005 AND AM REQUESTING THAT YOU PLEASE WAIVE THE \$600 PENALTY.

I AM ATTACHING A CHECK FOR \$150 TO COVER THE FEE THAT WOULD  
HAVE BEEN DUE IF I HAD RECEIVED THE NOTICE.

PLEASE ADVISE.

VERY TRULY YOURS,

S & A AUTO REPAIR INC



SEW H SARJU  
PRESIDENT

ATTACHMENTS