

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000062192

1. Entity Name  
HIGHER IMAGE AUTO PAINT & BODY SHOP, INC.



FILED

06 NOV -6 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

145 N.E. 21 STREET  
MIAMI, FL 33137

Mailing Address

145 N.E. 21 STREET  
MIAMI, FL 33137

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**REINSTATEMENT** (22-3-1/05)

4. FEI Number  
86-1101928

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLLACK, GARY W  
ONE SOUTHEAST THIRD AVENUE  
SUITE 1260  
MIAMI, FL 33131

Name

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

City

FL

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)

11/3/08  
DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, 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 P/S  
NAME ARNAEZ, MILAGROS J  
STREET ADDRESS 145 N.E. 21 STREET  
CITY - ST - ZIP MIAMI, FL 33137 ☐ Delete

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

TITLE S/T  
NAME ARNAEZ, MARLENE  
STREET ADDRESS 145 N.E. STREET  
CITY - ST - ZIP MIAMI, FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
000081553010  
11/06/06--01037--016 \*\*150.00

TITLE D  
NAME ARNAEZ, MILAGROS J  
STREET ADDRESS 145 N.E. 21 STREET  
CITY - ST - ZIP MIAMI, FL 33137 ☐ Delete

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

TITLE D  
NAME ARNAEZ, MARLENE  
STREET ADDRESS 145 N.E. 21 STREET  
CITY - ST - ZIP MIAMI, FL 33137 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/08 305-571-9392  
DATE Daytime Phone #

K. Eckel NOV 07 2006