2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000081384

City-St-Zip:

FILED Jan 17, 2006 Secretary of State

Entity Name: HIGHTECH AUTO REPAIR, INC.						
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
4672 DUNC PUNTA GC	CAN RD PRDA, FL 3398	2		51 W. CENTRAL AVENUE LAKE WALES, FL 33853		
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
4672 DUNCAN RD PUNTA GORDA, FL 33982				8264 OSBERT AVENUE NORTH PORT, FL 34287		
FEI Number:	01-0815399	FEI Number Applied For ()	El Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
SOTO, ELIX 4672 DUNO PUNTA GO		2 US	8264 ÓSBE	SOTO, ELIX 8264 OSBERT AVENUE NORTH PORT, FL 34287 US		
The above in the State		bmits this statement for the purp	ose of changing it	ts registered offi	ce or registered agent, or both,	
SIGNATUR	E: ELIX SOTO)		01/17/2006		
	Electronic	Signature of Registered Agent			Date	
		2)(b), F.S., the corporation did not red Trust Fund Contribution ().	eive the prior notic	e.		
	AND DIRECT		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES () [ELIX, SOTO 4672 DUNCAN R PUNTA GORDA,		Title: Name: Address: City-St-Zip:	PRES (X) C SOTO, ELIX 8264 OSBERT AV NORTH PORT, FL		
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	VP () C SOTO, ELIX 8264 OSBERT AV NORTH PORT, FL		
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	TREA () C SOTO, ELIX 8264 OSBERT AV NORTH PORT, FL		
Title: Name:	1 ()	Delete	Title: Name:	SEC ()C SOTO, ELIX	hange (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: NORTH PORT, FL 34287 US

SIGNATURE: ELIX SOTO **PRES** 01/17/2006