

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000116349

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** REYNALDO'S AUTO CLINIC INC.

**Current Principal Place of Business:**

1396 NW 65 TERR.  
PLANTATION, FL 33313 US

**New Principal Place of Business:**

**Current Mailing Address:**

1396 NW 65 TERR.  
PLANTATION, FL 33313 US

**New Mailing Address:**

**FEI Number:** 27-0099874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WITTER, REYNALDO B  
1396 NW 65 TERR  
PLANTATION, FL 33313 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** REYNALDO WITTER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WITTER, REYNALDO B  
**Address:** 1396 NW 65 TERR  
**City-St-Zip:** PLANTATION, FL 33313 US

I hereby 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 all other like empowered.

**SIGNATURE:** REYNALDO WITTER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/21/2011

\_\_\_\_\_  
Date