2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000145833

VETERANS AUTO REPAIR, INC.

FILED

08 OCT 30 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
19800 VETERANS BLVD. UNIT A-12 PORT CHARLOTTE, FL 33954	19800 VETERANS BLVD. UNIT A-12 PORT CHARLOTTE, FL 33954

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-1792332

Applied For

Not Applicable

Zip

County

Zip

Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:

SCHANTZ, TROY
19800 VETERANS BLVD
UNIT A-12
PORT CHARLOTTE, FL 33954

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers 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) DATE 10-27-08

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(a), F.S., the corporation did not receive the prior notice.

10. Officer and Director Information

TITLE	PRES
NAME	SCHANTZ, TROY
STREET ADDRESS	19800 VETERANS BLVD UNIT A-12
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954

11. Additional Officer and Director Information

100137484461
10/30/08--01035--012 **150.00

12. 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 in Block 10 or Block 11 above, or on an attachment with all other like empowered.

SIGNATURE: 10-27-08

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

10/31