


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000013900		
1. Entity Name WISHES AUTO SHOP REPAIR, INC.		

Principal Place of Business 759 E DUVAL ST LAKE CITY, FL 32025 US	Mailing Address 759 E DUVAL ST LAKE CITY, FL 32025 US
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2. Principal Place of Business - No P.O. Box # 790 SE ST JOHN'S ST	3. Mailing Address 790 SE ST JOHN'S ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake City FL	City & State LAKE CITY FL
Zip 32025	Zip 32025
Country	Country

FILED
2007 JAN 22 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01192007 REIN-P CR2E098 (1/07)

4. FEI Number 201875871		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MORENO, EDGAR 759 E DUVAL ST LAKE CITY, FL 32025		7. Name and Address of New Registered Agent Name Edgar Moreno Street Address (P.O. Box Number is Not Acceptable) 790 SE St John's St City LAKE CITY FL Zip Code 32025

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 Edgar Moreno DATE 1-19-07

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

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORENO, EDGAR 759 E DUVAL ST LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400086467764 01/30/07--01003--025 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ORTIZ, SEFERINO 759 E DUVAL ST LAKE CITY, FL 32025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/S. Cynthia Lynn Moreno 790 SE ST JOHN'S ST LAKE CITY FL 32025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC CONSINO, DIEGO 759 E DUVAL ST LAKE CITY, FL 32025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Edgar Moreno Jr. 790 SE St John's St LAKE CITY, FL 32025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Edgar Moreno DATE 1-19-07 DAYTIME PHONE # 386 754-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR