


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 13 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/2

DOCUMENT # P05000015796	
1. Entity Name L G AUTOMOTIVE SERVICES INC	

Principal Place of Business 12288 AREACA DRIVE WEST PALM BEACH, FL 33414	Mailing Address 12288 AREACA DR WEST PALM BEACH, FL 33414
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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**REINSTATEMENT**

4. FEI Number 20-2256552	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent LEONID, GERSTEIN 12288 AREACA DRIVE WEST PALM BEACH, FL 33414	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Gerstein DATE 10/09/06

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

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.
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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 GERSTEIN, LEONID 12288 AREACA DRIVE WEST PALM BEACH, FL 33414 <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	V GERSTEIN, IGOR 12288 AREACA DRIVE WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Gerstein DATE 10/09/06 341-707-6192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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To whom it may concern,

I turned in my annual report and it was processed on 3/23/06. I received a "notice of dissolution or revocation notice" on 9/6/06 for the first time without any notices of anything being wrong with the report. Stapled is the reinstatement form which I was told to mail to whom ever by one of you agents. Please reinstate the corporation ASAP. If there are any concerns please call me at 561-707-6192 so that we may get this resolved as soon as possible. Thank You

Leo

A handwritten signature in cursive script, appearing to read 'Leo', written in black ink.