2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000083648

1. Entity Name
M.R. CAR SERVICE, INC.

FILED
06 DEC 20 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12192006 REIN-P CR2E098 (11/05) 06

Principal Place of Business	Mailing Address
~~241 NE 12TH ST.~~ ~~DELRAY BCH, FL~~ 33444	~~241 NE 12TH ST.~~ ~~DELRAY BCH, FL~~ 33444

2. Principal Place of Business	3. Mailing Address
252 N.E. 12th St	252 NE 12th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach FL	City & State: Delray Beach FL
Zip: 33444 Country:	Zip: 33444 Country:

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~RIVERA, RAUL~~
~~241 NE 12TH ST.~~
~~DELRAY BCH, FL~~ 33444

7. Name and Address of New Registered Agent

Name: PAUL ROGERS KENNEDY
Street Address (P.O. Box Number is Not Acceptable): 250 NE 12th St
City: Delray Beach FL Zip Code: 33444

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] 19 December 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Raul Rivera 252 N.E. 12th St Delray Beach FL 33444 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition 100082681941 12/20/06--01049--001 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 19 Dec 2006 561-271-3424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #