# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000120796

1. Entity Name
JUPITER TOWN CAR, INC

FILED
07 DEC -3 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11162007 REIN-P CR2E098 (1/07)

Principal Place of Business
~~725 N. HWY A1A SUITE C-205~~
~~JUPITER, FL 33477~~

Mailing Address
~~725 N. HWY A1A SUITE C-205~~
~~JUPITER, FL 33477~~

2. Principal Place of Business - No P.O. Box #
1872 Capeside Circle
Suite, Apt. #, etc.

3. Mailing Address
1872 Capeside Circle
Suite, Apt. #, etc.

City & State: Wellington Fl.
Zip: 33414 Country: U.S.A.

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Zip: 33414 Country: U.S.A.

4. FEI Number: 20-3383611 — Applied For / Not Applicable

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

**6. Name and Address of Current Registered Agent**

SKELSTON, ROBERT
14160 ASTOR AVE
WELLINGTON, FL 33414

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is 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

**FILE NOW!!! FEE IS $150.00**
**After January 1, 2008, 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 | D ☐ Delete | TITLE | D ☑ Change ☑ Addition |
| NAME | REILLY, DENNIS | NAME | Ellen Reilly |
| STREET ADDRESS | 1872 CAPESIDE CIRCLE C-205 | STREET ADDRESS | 1872 Capeside Circle |
| CITY ST ZIP | WELLINGTON, FL 33414 | CITY ST ZIP | Wellington, Fl. 33414 |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | SKELSTON, ROBERT | NAME | 600113267866 |
| STREET ADDRESS | 14160 ASTER AVE | STREET ADDRESS | 12/19/07--01011--017 **8.75 |
| CITY ST ZIP | WELLINGTON, FL 33414 | CITY ST ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | REINSTATEMENT 2007 |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY ST ZIP | | CITY ST ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | 600113267866 |
| STREET ADDRESS | | STREET ADDRESS | 12/19/07--01011--018 **150.00 |
| CITY ST ZIP | | CITY ST ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY ST ZIP | | CITY ST ZIP | |

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:** Ellen Reilly — 11-28-07 — 561 791-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #