2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000130643 1. Entity Name IN & OUT AUTO SERVICES, INC.				FILED 07 MAR 26 AM 9: 3			: 36	
Principal Place of Business 1245 WEST SUNRISE BLVD FT. LAUDERDALE, FL 33311 US Mailing Address 1245 WEST SUNRISE BLVD FT. LAUDERDALE, FL 33311				US	1 (erent. A TALLAHAS	SEE, FLO	RIDA
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			110000000000000000000000000000000000000			*****
Suite, Apt. #, etc.		Suite, Apt. #, etc.			OREMSTATEMENT COS HOT OT			
City & State		City & State		4. FEI Numb		Äp	oplied For of Applicable	
Zip	Country	Zip	Cour	ntry		e of Status Desired	\$8.75 Add	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
KEEN, MICHAEL 840 NW 38TH AVENUE FT. LAUDERDALE, FL 33311				Street Address (P.O. Box Number is Not Acceptable)				
				City		F	- :	
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 possible agent. SIGNATURE Signature, typed or prihited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								F.S., the notice.
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFFICERS AN		
NAME STREET ADDRESS CITY-ST-ZIP	KEEN, MICHAEL 1245 WEST SUNRISE BLVD FT. LAUDERDALE, FL 33311	☐ Delete			1 047	. 0009582 3 05/070101002	☐ Change ○□□□ 1 1 **300	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEEN, MICHAEL 840 NW 38TH AVENUE		4	į.			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ 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:								
JOIGHTAN	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR		Date	Daytime Phone #	