2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 03, 2008
Secretary of State

DOCUMENT# P05000138273

Entity Name: LEM TURNER COLLISION CENTER, INC.

Current Principal Place of Business:

9545 LEM TURNER ROAD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

9545 LEM TURNER ROAD
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 26-0127513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORENE, FRANK JR
9545 LEM TURNER ROAD
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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.

SIGNATURE: FRANK V MORENE JR

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORENE, FRANK JR
Address: 9545 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: V ( ) Delete
Name: MORENE, JARRETT
Address: 9545 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: MORENE, SAUNDRA
Address: 9545 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK V MORENE JR OFFI 12/03/2008

Electronic Signature of Signing Officer or Director Date