2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000141199 1. Entity Name LIGHTHOUSE POINT EDDIE'S AUTO SERVICE, INC						FILED 07 HAY 23 AM 8: 48			
Principal Place of Business 5200 N. FEDERAL HWY. LIGHTHOUSE POINT, FL 33064			Mailing Address 5200 N. FEDERAL HWY. LIGHTHOUSE POINT, FL 33064			ALEANIA SEE, FLORIDA			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			042REINSTA	TEMEN	098 (1/07)	0-07
City & State			City & State			4. FEI Number 02-	07496	// /	plied For Applicable
Zip	Country		Zip	Cou	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
_	6. Name	and Address of Current	Registered Agent		Name	7. Name and Address o	f New Registered	Agent	
SAINT JEA 7261 NW 1 PLANTATI	16TH ST.,	APT. B126				P.O. Box Number is Not Acc	ceptable)		-
					City		FL	Zip Code	9
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 Saint TCAN 5-1-07 Signature, typed or broad name of registered agent and bit of applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$900.00									
						ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS	S IN 11
TITLE NAME	D Delate SAINT JEAN, MONFORT E				LE ME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	1				REET ADDRESS Y-ST-ZIP	9001 05/23/070	D30999 01021002	969 **908	.75
TITLE NAME			□ 0		LE ME			☐ Change	Addition
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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: SQUATURE AND TYPED OR PRINTED NAME OF BOOKING OFFICER OR DIRECTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DE LA COMPANIE									