

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000147589

1. Entity Name
SABRINA VIRGINIA BODY SHOP, CORP.



FILED

2006 OCT 27 PM 12:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA



10062006 REIN-P CR2E098 (11/05)

Principal Place of Business
~~2650 WEST 11 COURT #210~~
~~HIALEAH, FL 33010~~

Mailing Address
~~2650 WEST 11 COURT #210~~
~~HIALEAH, FL 33010~~

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3651 W 20th
Suite, Apt. #, etc.

City & State
Hialeah Fla.

Zip
33012

Country
Miami / Dade

4. FEI Number
20-3746004

Applied For
☐ Not Applicable

Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RODRIGUEZ, ARAMYS
2650 WEST 11 COURT #210
HIALEAH, FL 33010

7. Name and Address of New Registered Agent
Name Aramys Rodriguez
Street Address (P.O. Box Number is Not Acceptable)
3651 W. 20th
City Hialeah FL 33012

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] (NOTE: Registered Agent signature required when reinstating)

DATE 10/6/06

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	DP RODRIGUEZ, ARAMYS 2650 WEST 11 COURT #210 HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>500081268285</u> <u>10/27/06--01009--003 **300.00</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PACHECO, FRANCISCO 5500 WEST 21 COURT #204 HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 10/6/06

Daytime Phone #

REINSTATEMENT 05-06
OCT 21 2006