2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000162239									FILE	: D			
1. Entity Name SCOTTS AUTO REFINISHING, INC.									• •		۰ ۳۵		
								,	2007 DEC 28	AM '	7: 23		
Principal Place of Business Mailing Address						l			ALLAHASSI	1 OF S	, γΑΤΕ OPIDA		
18780 SW 10				18780 SW 105TH AVE MIAMI, FL 33157				ר	ALLAHASSI	בב, דנ	ONION		
MIAMI, FL 33157 MIAMI, FL 33157								1 (BB)(BB) (F	eng øzni 6210 251		i esin Huru III(6)D((1286 H (25)	
Principal Place of Business - No P.O. Box # 3. Mailing Address													
Suite, Apt.	# 414		6.3-	Suite. Apt. #. etc.					_			17	
Suite, Apr.	#, etc.						11292007		CR2	2E098 (1/07)	1/1/Ju		
City & State	Ð		City &	City & State				4. FEI Numb	1519728		<u> </u>	plied Fort t Applicable	
Zip	Zip Country			Zip Coun				5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					l			7. Name and	Address of New R	legistere		•	
VAINDA ILL DA ICN							Name						
KAIMRAJH, RAJEN 19710 SW 115TH AVE							Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33157											- /		
						City				F	L 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 priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00													
10.		OFFICERS AN	D DIRECTORS)	11.		D				DIRECTORS	3 IN 11	
TITLE NAME	P Qelete III							resident Addition aimrajh, Rajendra					
STREET ADDRESS								710 S.W 115th Avenue					
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indicated of the co	certify that tr I on this repo rporation or I	ne information supplied wort or supplemental report the receiver or trustee em tachprent with an address	it this filing do is true and ac powered to e	courage and that is recute this report	my signa t as paqu	ature shall fred by Ch	nave the apter 60	same legal effe 7, Florida Statut	ct as if made under es; and that my nam	oath; that ne appear	: I am an officer s in Block 10 or	or director Block 11 if	
changed	, or on an at	tachment with an address	, with all other	like empowered		Ť							
SIGNAT	TURE:/	payer.	1	Uf	OR DIREC	700			11/30/07		305-253 Daytime Phone #	3-3880	
L		SIGNATURE AND TYPED O	K PRINTED NAME	OF SIGNIFIC OFFICER	OK DIREC	. I QK			Date		Dayleing Filtric P		