

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000162239 1. Entity Name SCOTTS AUTO REFINISHING, INC.						FILED 2007 DEC 28 AM 9:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 18780 SW 105TH AVE MIAMI, FL 33157				Mailing Address 18780 SW 105TH AVE MIAMI, FL 33157			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent KAIMRAJH, RAJEN 19710 SW 115TH AVE MIAMI, FL 33157				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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 AND DIRECTORS				11. DIRECTORS IN 11			
TITLE NAME P KAIMRAJH, RAJEN <input type="checkbox"/> Delete STREET ADDRESS 19710 SW 115TH AVE CITY-ST-ZIP MIAMI, FL 33157				TITLE NAME President Kaimrajh, Rajendra STREET ADDRESS 19710 S.W 115th Avenue CITY-ST-ZIP Miami, FL 33157			
TITLE NAME V KAIMRAJH, SHEREN R <input type="checkbox"/> Delete STREET ADDRESS 19710 SW 115TH AVE CITY-ST-ZIP MIAMI, FL 33157				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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:				11/30/07 305-253-3880			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			