2007 FOR PROFIT CORPORATION REINSTATEMENT

KEINSIA			FILED	
DOCUMENT # P06000012365				
1. Entity Name ART'S AUTO TECH, INC.			07 SEP 21 PM 1:17	
		0.5 12.16	SEGNE LA LA STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address			ALLAHASSEE, FLORIDA	
30375 QUAIL ROOST TRAIL Unit a & Z	30375 QUAIL ROOST T UNIT A & Z	RAIL	, zonibg	
BIG PINE KEY, FL 33043 BIG PINE KEY, FL 33043				ı n ı
2. Principal Place of Business - No P.O. Box #	3. Mailing Address			
	27300 Overse	as Hishway		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· - · · · · · · · · · · · · · · · · · ·	09182007 REIN-P CR2E098 (1/07)	
City & State	City & State	-	4. FEI Number Applied F	
	Kampod Key	Country	20-4306629 Not Appli	
	~ ~ 3304⁄a	MONROY	5. Certificate of Status Desired Fee Required -	-
6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent	
FERNANDEZ, ARTURO		Name		
30375 QUAIL ROOST TRAIL		Street Address	s (P.O. Box Number is Not Acceptable)	
UNIT A & Z BIG PINE KEY, FL 33043		247300	o overseas Highway	
·		City O	Zip Code	
9. The chave gamed entity submits this statement for the	na nurnosa at changing its	registered office or regist	ered agent, or both in the State of Florida. I am familiar with, and ac	ccept
the obligations of registered agent.		registered office of region		,
SIGNATURE	-		9-18-07	_
Signature, typed or printed name of registered agent and	title if applicable (NOT	E: Registered Agent algnature req	uired when reinstating) DATE	
FiLE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., to corporation did not receive the prior notice.	
10. OFFICERS AND DI	 RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1
TITLE PD	☐ Delete	TITLE	⊠ Change	Addition
NAME FERNANDEZ, ARTURO		NAME STREET ADDRESS 273	200 cuesco e idiohum.	l
STREET ADDRESS 30375 QUAIL ROOST TRAIL CITY-ST-ZIP BIG PINE KEY, FL 33043		CITY-ST-ZIP	300 oversous Highway amrod Key Fl 33042	
TITLE	☐ Delete	TITLE		Addition
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TUTLE	☐ Delete	TITLE	Change A	Addition
NAME BREETINSTATEM	PNT	NAME	1001097701 [□] ¢°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°	1
STREET TO REST. 11 1 2 1 V. L.	1 4 3	STREET ADDRESS CITY-ST-ZIP	03/21/01 01030 000	
CITY-ST-ZIP TITLE	Delete	TITLE	☐ Change ☐ A	Addition
NAME OFFICE RH OS	27 Delete	NAME		
STREET ADDRESS	- ,	STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	☐ Change ☐ A	Addition
NAME	☐ Delete	TITLE NAME		ALUINO!
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
THLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ A	Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
12. I heroby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with the corporation of the	rue and accurate and that rered to execute this repor	my agnature snail nave th it as required by Chapter 6	ed in Chapter 119, Florida Statutes. I further certify that the informa- no same legal effect as if made under oath; that I am an officer or dire 507, Florida Statutes; and that my name appears in Block 10 or Block	ation ector k 11 if
changed, or on an attachment with arradoress, wi	an on or like elliphins all el		9 18:07	
SIGNATURE:	NTED NAME OF SIGNING OFFICE	P OR DIRECTOR	9-/807 Date Davima Phone #	
SIGNATURE AND TYPED OR PRI	HIED NAME OF SIGNING OFFICE	. V. DIRECTOR	Day and Harb	