

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 18 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10092007-1 REIN-P CRZED98 (1/07)

4. FEI Number
76-0922482

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P06000028675

1. Entity Name
CLERMONT AUTO WORKS INC.



Principal Place of Business
906 JAN MAR CT
SUITE D
MINNEOLA, FL 34715

Mailing Address
906 JAN MAR CT
SUITE D
MINNEOLA, FL 34715

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
CASIMIRO, JOEL
612 W. MINNEOLA AVENUE
CLERMONT, FL 34711

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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., 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	PST CASIMIRO, JOEL 906 JAN MAR CT #D MINNEOLA, FL 34715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200110945602 10/18/07--01021--009 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____