

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000052767

Entity Name: P M BODY SHOP, INC

FILED  
Mar 17, 2009  
Secretary of State

## Current Principal Place of Business:

13051 N.W. 32 AVENUE  
BAY # 16  
OPALOCKA, FL 33054

## New Principal Place of Business:

## Current Mailing Address:

13051 N.W. 32 AVENUE  
BAY #16  
OPALOCKA, FL 33054

## New Mailing Address:

FEI Number: 20-4274963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COBAS, PEDRO P  
16000 N.W. 37 AVENUE  
MIAMI, FL 33054 US

## Name and Address of New Registered Agent:

COBAS, PEDRO P  
13051 N W 32 AVE  
BAY # 16  
OPALOCKA, FL 33054 US

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.

SIGNATURE: PEDRO COBAS

03/17/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COBAS, PEDRO P  
Address: 16000 N.W. 37 AVENUE  
City-St-Zip: OPALOCKA, FL 33054

Title: VP ( ) Delete  
Name: MESA, NIDIA  
Address: 16000 N.W. 37 AVENUE  
City-St-Zip: MIAMI, FL 33054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COBAS, PEDRO P  
Address: 13051 N W # 16  
City-St-Zip: OPALOCKA, FL 33054

Title: VP (X) Change ( ) Addition  
Name: MESA, NIDIA  
Address: 13051 NW 32 AV  
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO COBAS

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date