

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000138826

1. Entity Name
SHAM & SHAM AUTO REPAIR OF TAMPA, INC.



FILED

07 NOV -2 PM 4:16

CLERK OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
10242007 071111 0725098 (1/07) 07

Principal Place of Business
3701 N. 15TH STREET
TAMPA, FL 33610 US

Mailing Address
3701 N. 15TH STREET
TAMPA, FL 33610 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
4744 WOODMERE RD.
Suite, Apt. #, etc.

City & State
LAND O LAKES, FL.

Zip
34639

Country

4. FEI Number
51-0611617

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SAHADEO, SEEWCHAND
8210 OLIVEWOOD PL
TAMPA, FL 33615

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4744 WOODMERE RD.
City
LAND O LAKES FL
Zip Code
34639

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: *Seewchand Sahdeo* 10/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 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., 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	P SAHADEO, SEEWCHAND 8210 OLIVEWOOD PL TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4744 WOODMERE RD. LAND O LAKES, FL. 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500111642875 11/02/07--01030--007 **\$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: *Seewchand Sahdeo* 10/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #