

2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Dec 12, 2008
Secretary of State**

DOCUMENT# P07000018807

Entity Name: KINGS AUTO GLASS REPLACEMENT INC

Current Principal Place of Business:

624 SW NICHOLS TERRACE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

624 SW NICHOLS TER
PORT ST LUCIE, FL 34953

Current Mailing Address:

624 SW NICHOLS TERRACE
PORT ST LUCIE, FL 34953

New Mailing Address:

624 SW NICHOLS TER
PORT ST LUCIE, FL 34953

FEI Number: 71-1033106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIOTT, DEVON
624 SW NICHOLS TERRACE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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: DEVON A HARRIOTT

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: HARRIOTT, DEVON
Address: 624 SW NICHOLS TERRACE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OWNE () Change (X) Addition
Name: HARROTT, DEVON A OWNER
Address: 624 SW NICHOLS TER
City-St-Zip: PORT ST LUCIE, FL 34953

Title: OWNE () Change (X) Addition
Name: HARRIOTT, DEVON A OWNER
Address: 624 SW NICHOLE TER
City-St-Zip: PORT ST LUCIE, FL 34953

Title: OWNE () Change (X) Addition
Name: HARRIOTT, DEVON A OWNER
Address: 624 SW NICHOLS TER
City-St-Zip: PORT ST LUCIE, FL 34953

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: DEVON A HARRIOTT

Electronic Signature of Signing Officer or Director

OWNE

12/12/2008

Date