

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000030717

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** GAR'S REPAIR SERVICES, INC.

**Current Principal Place of Business:**

15670 SHAMROCK DRIVE  
FORT MYERS, FL 33912 UN

**New Principal Place of Business:**

**Current Mailing Address:**

15670 SHAMROCK DRIVE  
FORT MYERS, FL 33912 UN

**New Mailing Address:**

**FEI Number:** 20-8616951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, MIGUEL A  
15670 SHAMROCK DRIVE  
FORT MYERS, FL 33912 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:** MIGUEL GARCIA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GARCIA, MIGUEL A  
**Address:** 15670 SHAMROCK DRIVE  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** D  
**Name:** GARCIA, CHRISTINE  
**Address:** 15670 SHAMROCK DRIVE  
**City-St-Zip:** FORT MYERS, FL 33912

I hereby 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 all other like empowered.

**SIGNATURE:** MIGUEL GARCIA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

**PRES**

**10/08/2013**

\_\_\_\_\_  
Date