

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000067404

FILED
Dec 09, 2011
Secretary of State

Entity Name: KENNETH DORN'S PRO CARE DRIVE SERVICE, INC.

Current Principal Place of Business:

18005 COUNTY ROAD 455
CLERMONT, FL 34715

New Principal Place of Business:

Current Mailing Address:

18005 COUNTY ROAD 455
CLERMONT, FL 34715

New Mailing Address:

P.O.BOX 560144
MONTVERDE, FL 34756

FEI Number: 26-0355481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORN, KENNETH
18005 COUNTY ROAD 455
CLERMONT, FL 34715 US

Name and Address of New Registered Agent:

DORN, KENNETH W
18005 COUNTY ROAD 455
CLERMONT, FL 34715 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: KENNETH W. DORN

12/09/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DORN, KENNETH
Address: 18005 COUNTY ROAD 455
City-St-Zip: CLERMONT, FL 34715

Title: VP
Name: DORN, HEATH
Address: 191 DAKOTA AVE.
City-St-Zip: GROVELAND, FL 34736

Title: S
Name: DORN, PAULA
Address: 18005 COUNTY ROAD 455
City-St-Zip: CLERMONT, FL 34715

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: KENNETH W. DORN

PD

12/09/2011

Electronic Signature of Signing Officer or Director

Date