

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000097257

**FILED**  
**Mar 28, 2013**  
**Secretary of State**

**Entity Name:** HUMMING BIRD AUTO AND BODY REPAIR, INC.

**Current Principal Place of Business:**

10975 S.E MARICAMP ROAD  
OCALA, FL 34472

**New Principal Place of Business:**

**Current Mailing Address:**

514 SW 2ND AVE  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 26-0801970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, GARFIELD  
514 SW 2ND AVE  
OCALA, FL 34471 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:** GARFIELD THOMPSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** THOMPSON, GARFIELD  
**Address:** 514 SW 2ND AVE  
**City-St-Zip:** Ocala, FL 34471

**Title:** VP  
**Name:** ELLINGTON, ANDREA  
**Address:** 566 A FAIRWAYS CIRCLE  
**City-St-Zip:** Ocala, FL 34472

**Title:** VP  
**Name:** ELLINTON, MYRTLE P  
**Address:** 568A FAIRWAYS CIRCLE  
**City-St-Zip:** Ocala, FL 34472

**Title:** VP  
**Name:** ELLINGTON, PUPERT  
**Address:** 568A FAIRWAY CIRCLE  
**City-St-Zip:** Ocala, FL 34472

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:** GARFIELD THOMPSON

Electronic Signature of Signing Officer or Director

PRE

03/28/2013

Date