

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000112015

**FILED**  
**Mar 13, 2013**  
**Secretary of State**

**Entity Name:** THE HEADLIGHT DOCTOR, INC.

**Current Principal Place of Business:**

4232 LOYS DRIVE  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

4232 LOYS DRIVE  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 14-2010587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WINTER, ALAN W ESQ  
310 THIRD STREET  
JNEPTUNE |BEACH, FL 32266 US

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

ROSS, ELIZABETH L  
4232 LOYS DRIVE  
JACKSONVILLE, FL 32246 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: ELIZABETH ROSS

03/13/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPVP  
Name: MANFRA, PAUL  
Address: 4232 LOYS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: ST  
Name: MANFRA, PAUL  
Address: 4232 LOYS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

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: PAUL MANFRA

DPVP

03/13/2013

Electronic Signature of Signing Officer or Director

Date