

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000027724

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL TOUCH AUTO RESTORATION INC.

**Current Principal Place of Business:**

2686 MONA LANE  
ALFORD, FL 32420 US

**New Principal Place of Business:**

1964 HARDEN ROAD  
SLOCOMB, AL 36375 US

**Current Mailing Address:**

P.O. BOX 24  
ALFORD, FL 32420 US

**New Mailing Address:**

P.O. BOX 69  
CAMPBELLTON, FL 32426 US

**FEI Number:** 27-0344694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLORS ON PARADE  
2686 MONA LANE  
ALFORD, FL 32420 US

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

COLORS ON PARADE  
1964 HARDEN RD  
SLOCOMB ALABAMA, FL 36375 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:** DANIEL J. LEEDER

04/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P,VP  
**Name:** LEEDER, DANIEL J  
**Address:** P.O. BOX 69  
**City-St-Zip:** CAMPBELLTON, FL 32426 US

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:** DANIEL J LEEDER

PRES

04/11/2012

Electronic Signature of Signing Officer or Director

Date