

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000032168

**FILED**  
**Jun 16, 2014**  
**Secretary of State**

**Entity Name:** AUTO CARE TRANSPORT INC.

**Current Principal Place of Business:**

15034 TIMBERLANE PL  
LOXAHATCHEE, FL 33414 US

**New Principal Place of Business:**

3826 US HWY 441 SE  
OKEECHOBEE, FL, FL 34974 US

**Current Mailing Address:**

PO BOX 489  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

3826 US HWY 441 SE  
OKEECHOBEE, FL, FL 34974 US

**FEI Number:** 26-4627280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CURTISS, D E  
15034 TIMBERLANE PL  
LOXAHATCHEE, FL 33470 US

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

CURTISS, D E  
3826 US HWY 441 SE  
OKEECHOBEE, FL 34974 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: D. E. CURTISS

06/16/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CURTISS, D E  
Address: 3826 US HWY 441 SE  
City-St-Zip: OKEECHOBEE, FL 34974 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: D. E. CURTISS

P

06/16/2014

Electronic Signature of Signing Officer or Director

Date