

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000086545

**FILED**  
**Oct 10, 2011**  
**Secretary of State**

**Entity Name:** MLQ AUTO BODY REPAIR, INC.

**Current Principal Place of Business:**

3045 FOWLER STREET  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

2414 ANDALUSIA BLVD UNIT B  
CAPE CORAL, FL 33909 US

**Current Mailing Address:**

3752 SANTA BARBARA BLVD.  
UNIT 202  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

2414 ANDALUSIA BLVD UNIT B  
CAPE CORAL, FL 33909 US

**FEI Number:** 27-3738178

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOPEZ, MICHEL  
3752 SANTA BARBARA BLVD.  
UNIT 202  
CAPE CORAL, FL 33914 US

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

LOPEZ, MICHEL  
2909 SW 2ND LN  
CAPE CORAL, FL 33991 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: MICHEL LOPEZ

10/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOPEZ, MICHEL  
Address: 2909 SW 2ND LN  
City-St-Zip: CAPE CORAL, FL 33991 US

Title: VP  
Name: MIRLOVES, ALFONSO  
Address: 606 SE 3RD ST  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: S  
Name: LOPEZ, MICHEL  
Address: 2909 SW 2ND LN  
City-St-Zip: CAPE CORAL, FL 33991 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: MICHEL LOPEZ

P

10/10/2011

Electronic Signature of Signing Officer or Director

Date