

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000009550

Entity Name: CRUISERS AUTO BODY INC.

FILED
Oct 09, 2013
Secretary of State

Current Principal Place of Business:

620 S. HOLMES BLVD.
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

550 STATE ROAD 207
ST AUGUSTINE, FL 32084 US

Current Mailing Address:

620 S. HOLMES BLVD.
ST AUGUSTINE, FL 32084 US

New Mailing Address:

550 STATE ROAD 207
ST AUGUSTINE, FL 32084 US

FEI Number: 80-0775300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEAR, HAROLD
620 S. HOLMES BLVD.
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

GEAR, HAROLD
550 STATE ROAD 207
ST AUGUSTINE, FL 32084 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: HAROLD GEAR

10/09/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SH
Name: FREGENTI, LINDSAY M
Address: 116 PARKSIDE DRIVE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: SH
Name: GEAR, NICOLE E
Address: 4 OCEANSIDE CI
City-St-Zip: ST AUGUSTINE, FL 32080

Title: SH
Name: GEAR, TRESKOT
Address: 4 OCEANSIDE CI
City-St-Zip: ST AUGUSTINE, FL 32080 US

Title: CFO
Name: GEAR, HAROLD
Address: 4 OCEANSIDE CIR
City-St-Zip: ST AUGUSTINE, FL 32080 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: HAROLD GEAR

RA

10/09/2013

Electronic Signature of Signing Officer or Director

Date