

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000100068

**FILED**  
**Nov 14, 2013**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA TRANSMISSION REPAIR INC.

**Current Principal Place of Business:**

3897 EL REY RD  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

3897 EL REY RD  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 80-0878826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HORINE, WILLIAM  
3897 EL REY RD  
ORLANDO, FL 32808 US

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

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:** WILLIAM HORINE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DIR  
**Name:** HORINE, WILLIAM  
**Address:** 3897 EL REY RD  
**City-St-Zip:** ORLANDO, FL 32808

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:** WILLIAM HORINE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR

11/14/2013

\_\_\_\_\_  
Date