

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000058786																																																																																																
1. Entity Name ALLEN'S REPAIR SERVICE, INC.																																																																																																
Principal Place of Business 3500 ORTONA LOCK RD MOORE HAVEN, FL 33471 US		Mailing Address 3500 ORTONA LOCK RD MOORE HAVEN, FL 33471 US																																																																																														
2. Principal Place of Business - No P.O. Box # 3010 CR 835		3. Mailing Address P.O. Box 3695																																																																																														
State, Apt. #, etc.		State, Apt. #, etc.																																																																																														
4. FEI Number 65-0425684		5. Certificate of Status Decree \$8.75 Additional Fee Required																																																																																														
6. Name and Address of Current Registered Agent ALLEN, DOUGLAS L 3500 ORTONA LOCKS RD MOORE HAVEN, FL 33471		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not acceptable) 3010 CR 835 City CLEWISTON FL 33440																																																																																														
8. 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. I am familiar with, and accept, the obligations of registered agent.																																																																																																
SIGNATURE <i>Douglas L Allen</i>		DATE 1-23-09																																																																																														
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																														
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2009																																																																																														
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12. I hereby certify that the information submitted in this filing does not qualify for the exemptions contained in Chapter 10, Florida Statutes. I further certify that the information indicated on this report or subsequent report is true and accurate and that my 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 employed to exercise this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit with all other like empowered.		400145416724 03/10/09--01028--006 ***300.00																																																																																														
SIGNATURE: <i>Douglas L Allen</i>		1-23-09 863983-2122																																																																																														
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date																																																																																														

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-05