

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000013506 1. Entity Name PREFERRED AUTO CARE INC.						FILED 07 OCT 17 PM 4:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1119 CAPE CORAL PARKWAY E. CAPE CORAL, FL 33904				Mailing Address 1119 CAPE CORAL PARKWAY E. CAPE CORAL, FL 33904			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MESSINEO, JOE 15010 BRIDGEWAY LANE # 303 FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEB 15 \$150.00 After January 1, 2008, Fee will be \$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 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete MESSINEO, JOSEPH M 15010 BRIDGEWAY LN #303 FORT MYERS, FL 33919			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 700110870497 10/17/07--01003--017 **150.00		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 empowered to execute 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 address, with all other like empowered.							
SIGNATURE:				10/8/7			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			