

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000021176

1. Entity Name
SHELEY AND SONS AUTOMOTIVE REPAIR, INC.



Principal Place of Business
**1134 PONCE DE LEON BOULEVARD
BROOKSVILLE, FL 34601**

Mailing Address
**1134 PONCE DE LEON BOULEVARD
BROOKSVILLE, FL 34601**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
04 NOV -1 AM 10: 55
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

10242004 REIN-P CR2E098 (6/04)

4. FEI Number
59-3309326

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SHELEY, CHARLES L. SR
1134 PONCE DELEON BLVD
SUITE 206
BROOKSVILLE, FL 34601**

7. Name and Address of New Registered Agent
Name **Charles L. Sheley Jr.**
Street Address (P.O. Box Number is Not Acceptable) **1134 Ponce DeLeon Blvd.**
City **Brooksville** FL Zip Code **34601**

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 *Charles L. Sheley Jr.* DATE **10/29/04**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After January 1, 2005, 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	S SHELEY, CHARLES L 1134 PONCE DE LEON BOULEVARD BROOKSVILLE, FL 34601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sheley, Charles L. Jr. 1134 Ponce DeLeon Blvd Brooksville, FL 34602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Charles L. Sheley Jr.* DATE **10/29/04** DAYTIME PHONE # **352-7968085**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles L. Sheley Jr.

10/30/64

Gentlemen -

According to the information given on line I do not have to pay the reinstatement ^(\$600.00) fee as I never got the package to file in the first place nor did I ever hear from you ~~the~~ people about it until a postcard came in the mail last week telling me our Corporation is dissolved. This is a little late don't you think.

So enclosed you will find a check in the amount of \$300.00 instead of \$600.00.

Sincerely
Sheila D. Shelley