

Oct. 4. 2007 2:59PM GOODFELLOW & COMPANY

No.7515 P. 1

**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

07 OCT 11 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07



10042007 REIN-P CR2E098 (1/07)

DOCUMENT # P95000060834			
1. Entity Name MICHAEL'S AUTOMOTIVE, INC.			
Principal Place of Business 49 N.W. 9TH AVENUE HOMESTEAD, FL 33030		Mailing Address 49 N.W. 9TH AVENUE HOMESTEAD, FL 33030	
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
4. FEI Number 65-0620763		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAIR-GOODFELLOW, NANCY J CPA 1640 TWIN OAKS DR DELAND, FL 32720		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 sole if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW! FEE IS \$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	PS WOOD, MICHAEL A 49 NW 9 AVE HOMESTEAD, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		10-4-07 305.247.3445 Date Daytime Phone #	

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