


2007 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P96000025626 | |  |
| 1. Entity Name D&H PROFESSIONAL AUTOBODY, INC. | | |

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| Principal Place of Business 430 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 | Mailing Address 430 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|
| City & State | City & State |
| Zip | Country |

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| 6. Name and Address of Current Registered Agent HENRY, DAVE 1918 POMEGRANATE CT ORLANDO, FL 34761 | |
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| 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 <u>Dave Henry</u> DATE <u>12.18.07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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| 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. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HENRY, DAVE 1918 POMEGRANATE CT ORLANDO, FL 34761 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100113298761 12/20/07--01009--008 **150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP HENRY, HERPHA 1918 POMEGRANATE CT ORLANDO, FL 34761 <input 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <u>[Signature]</u> DATE <u>12.18.07</u> DAYTIME PHONE # <u>407-649-4343</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |
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FILED
2007 DEC 20 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



B. Mitchell DEC 20 2007