


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000017730		
1. Entity Name CROSSINGS AUTO CARE, INC.		

Principal Place of Business 13197 SW 112TH ST MIAMI, FL 33186 US	Mailing Address 7731 W. AVE HIALEAH, FL 33014 US
--	--

2. Principal Place of Business		3. Mailing Address 7731 W 7TH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HIALEAH, FL	
Zip	Country	Zip	Country
		33014	U.S.

FILED
05 JAN 31 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01252005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0732015		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HILL, JESUS 8004 NW 154TH ST STE 141 MIAMI LAKES, FL 33016		Name <u>ORLANDO ARROM</u> Street Address (P.O. Box Number is Not Acceptable) 10556 NW 26 ST. STE 203 City <u>DORAL</u> FL Zip Code <u>33172</u>	

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] (NOTE: Registered Agent signature required when reinstating) DATE 1/25/05

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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, JESUS S 8004 NW 154TH STREET #141 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500046084985 02/07/05--01030--011 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, JESUS 7731 NW 7 AVE HIALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD HILL, JESUS S 7731 NW 7 AVE HIALEAH, FL 33014
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
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
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
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: [Signature] (Signature and typed or printed name of signing officer or director)

DATE JANUARY 15, 2005 (Date)

DAYTIME PHONE # (986) 586631 (Daytime Phone #)