

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000012650

1. Entity Name
G.P. AUTO SERVICE, INC.



FILED
08 AUG 11 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1140 WATERTOWER ROAD
BAY 1
LAKE PARK, FL 33403

Mailing Address
1140 WATERTOWER ROAD
BAY 1
LAKE PARK, FL 33403

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

07312008 REIN-P CR2E098 (1/07)

4. FEI Number
65-0982679

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHAM, GIOI
801 HUMMINGBIRD WAY #205
NORTH PALM BEACH, FL 33408

14196 85TH Road, N.
LOXAHATCHEE, FL 33470

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)

Aug 06/08

DATE

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

TITLE P
NAME PHAM, GIOI
STREET ADDRESS 14196 85TH ROAD NORTH
CITY-ST-ZIP LOXAHATCHEE, FL 33470

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 700134590307
STREET ADDRESS 08/19/08--01008--010 ***200.00
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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

Aug 06/08

Daytime Phone #