2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 14, 2006
Secretary of State

DOCUMENT# S27986

Entity Name: WILER PAINT AND BODY SHOP, INC.

Current Principal Place of Business:

725 NW 5TH AVE
FT LAUDERDALE, FL 33311

New Principal Place of Business:

725 NW 5TH AVE
FT LAUDERDALE, FL 33311 US

Current Mailing Address:

725 NW 5TH AVE
FT LAUDERDALE, FL 33311

New Mailing Address:

725 NW 5TH AVE
FT LAUDERDALE, FL 33311 US

FEI Number: 65-0244341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILER, MOMPREVIL
725 NW 5TH AVE
FT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

MOMPREVIL, WILER
725 NW 5TH AVE
FT LAUDERDALE, FL 33311 US

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.

SIGNATURE: WILER MOMPREVIL 03/14/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: WILER, MOMPREVIL,
Address: 725 NW 5TH AVE
City-St-Zip: FT LAUDERDALE, FL

Title: T (X) Delete
Name: WILER, MOMPREVIL,
Address: 725 NW 5TH AVE
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOMPREVIL, WILER
Address: 725 NW 5TH AVE
City-St-Zip: FT LAUDERDALE, FL 33111 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILER MOMPREVIL P 03/14/2006
Electronic Signature of Signing Officer or Director Date