

2008 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

08 FEB 27 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V60886

1. Entity Name
PRESTIGE MOBILE AUTO REPAIR, INC.



Principal Place of Business
3804 N. JOHN YOUNG PARKWAY
SUITE 12
ORLANDO, FL 32804 US

Mailing Address
3804 N. JOHN YOUNG PARKWAY
SUITE 12
ORLANDO, FL 32804 US

2. Principal Place of Business - No P.O. Box #
3052 Shader Rd
Suite, Apt. #, etc. Suite #1

3. Mailing Address
3052 Shader Rd
Suite, Apt. #, etc. Suite #1

City & State
Orlando FL

City & State
Orlando FL

Zip Country
32808 Orange

Zip Country
32808 Orange



REINSTATEMENT 07-08

4. FEI Number
59-3140730

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

GARDELLA, FRANK J JR
909 WESSON DRIVE
CASSELBERRY, FL 32707

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-08

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GARDELLA, FRANK J JR.
STREET ADDRESS 909 WESSON DRIVE
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000118957940
02/27/08--01043--010 **300.00

TITLE VPD
NAME GARDELLA, DOROTHY B
STREET ADDRESS 909 WESSON DRIVE
CITY-ST-ZIP CASSELBERRY, FL 32707

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CITY-ST-ZIP

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:

Date

Daytime Phone #

2-25-08 407-299-7736