


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 423558 1. Entity Name EARL SCHEIB OF FLORIDA, INC.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-15deg);">FILED</div> <div style="font-size: 1.5em; font-weight: bold; transform: rotate(-15deg);">07 DEC 24 PM 1:17</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-15deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 15206 VENTURA BLVD. SUITE 200 SHERMAN OAKS, CA 91403		Mailing Address 15206 VENTURA BLVD. SUITE 200 SHERMAN OAKS, CA 91403					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		10052007 REIN-P CR2E098 (1/07)			
Zip		Country		4. FEI Number 95-2814902			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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>Barbara A. Burke</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Barbara A. Burke Special Assistant Secretary		12-20-07 DATE	
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BEMENT, CHRISTIAN K 15206 VENTURA BLVD., STE 200 SHERMAN OAKS, CA 91403	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR 700113376187 12/24/07--01052--015 **758.75	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINNIHAN, JOHN K 15206 VENTURA BLVD., STE 200 SHERMAN OAKS, CA 91403	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINNIHAN, JOHN K 15206 VENTURA BLVD., STE 200 SHERMAN OAKS, CA 91403	<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	VP SMITH, JAMES E JR. 15206 VENTURA BLVD., STE 200 SHERMAN OAKS, CA 91403	<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	REINSTATEMENT	<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	RH 12-07	<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 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>John K Minnik</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/8/07 Date		818-981-9992 Daytime Phone #	