2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 387647

1. Entity Name
NORCAR, INC.

FILED
06 JAN 19 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1205 IDLEWILD DRIVE TALLAHASSEE, FL 32311	1205 IDLEWILD DRIVE TALLAHASSEE, FL 32311

01182006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
9343 Rose Rd	9343 Rose Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE FL	City & State: TALLAHASSEE FL
Zip: 32311 Country: USA	Zip: 32311 Country: USA

4. FEI Number: 59-1358820 ☐ 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
CARPENTER, NORMAN E 1205 IDLEWILD DR TALLAHASSEE, FL 32311	Name Street Address (P.O. Box Number is Not Acceptable): 9343 Rose Rd City: TALLAHASSEE FL Zip Code: 32311

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: Norman E. Carpenter DATE: 1/18/06
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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	P CARPENTER, NORMAN E 1205 IDLEWILD DR. TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9343 ROSE ROAD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CARPENTER, JESSIE L 1205 IDLEWILD DR. TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9343 Rose Road
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HEGGEN, RUTH A 9351 ROSE RD. TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300065112219 02/03/06--01004--024 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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: NORMAN CARPENTER Norman E. Carpenter 1/18/06 850-656-8615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MW