


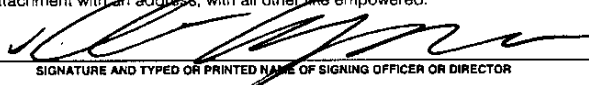


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0000082071 1. Entity Name MAZZARELLA'S AUTOMOTIVE SERVICE, INC.						FILED 05 OCT 20 PH 8: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA							
Principal Place of Business 50 OLD DIXIE VERO BEACH, FL 32962		Mailing Address 50 OLD DIXIE VERO BEACH, FL 32965				 REINSTATEMENT 2005							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.											
City & State		City & State											
Zip		Country		Zip				Country					
4. FEI Number 59-3667174				Applied For <input type="checkbox"/> Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						6. Name and Address of Current Registered Agent HAFNER, TROY B ESQ 979 BEACHLAND BLVD VERO BEACH, FL 32963							
7. Name and Address of New Registered Agent Name Christopher Mazzarella Street Address (P.O. Box Number is Not Acceptable) 50 Old Dixie Highway City Vero Beach FL Zip Code 32962						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: 						DATE: 10/12/05							
SIGNATURE, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)						In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE P <input type="checkbox"/> Delete NAME MAZZARELLA, CHRISTOPHER STREET ADDRESS 444 22ND STREET SE CITY-ST-ZIP VERO BEACH, FL 32960		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 300060819693 STREET ADDRESS 10/20/05--01039--009 CITY-ST-ZIP **150.00		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 10/12/05		Daytime Phone # _____					