

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000155867

FILED
Sep 24, 2007
Secretary of State

Entity Name: CAPITOL AUTO SALES INC.

Current Principal Place of Business:

1800 MAYPORT ROAD
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1800 MAYPORT ROAD
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 56-2490280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, EDUARDO
1800 MAYPORT ROAD
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

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: EDUARDO A. MEDINA

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: P/D () Delete
Name: MEDINA, EDUARDO
Address: 272 BEACH BROOK STREET
City-St-Zip: JACKSONVILLE, FL 32259

Title: S/D () Delete
Name: MEDINA, EDUARDO A
Address: 272 BEECH BROOK ST.
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: KHLAF, HEDAR
Address: 5323 COPPEGE AVE.
City-St-Zip: JACKSONVILLE, FL 32277

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

Title: T/D () Change (X) Addition
Name: EDUARDO, MEDINA
Address: 272 BEECH BROOK ST.
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify 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: EDUARDO A. MEDINA

T/D

09/24/2007

Electronic Signature of Signing Officer or Director

Date