2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV -7 PM 2:44

DOCUMENT # P05000017004

1. Entity Name
H & K AUTO CENTER, INC.

Principal Place of Business	Mailing Address
1150 NW 72ND AVE., STE. 555 MIAMI, FL 33126	1150 NW 72ND AVE., STE. 555 MIAMI, FL 33126

11052007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7190 SW 8TH ST	7190 SW 8TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FL
Zip: 33144 Country: MIAMI-DADE	Zip: 33144 Country: MIAMI-DADE

4. FEI Number: 20-2502421 ☐ 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
BLANCO, MAYTTE 1150 NW 72ND AVE., STE. 555 MIAMI, FL 33126	Name: BLANCO, MAYTTE Street Address (P.O. Box Number is Not Acceptable): 3341 SW 94 PL City: MIAMI **FL** Zip Code: 33165

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: _____ 11/5/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $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	DPTS BLANCO, MAYTTE 1150 NW 72ND AVE., STE. 555 MIAMI, FL 33126 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPTS CORDERO, HECTOR 9021 SW 18 TERRACE MIAMI, FLORIDA 33165 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000112084690 11/07/07--01049--012 **150.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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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: _____ 11/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #