2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000099358

Entity Name: SPECIALIZED ECU REPAIR INC

FILED Sep 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

812 N OCEAN BLVD 1160 N FEDERAL HWY

305 1016

POMPANO BEACH, FL 33062 FORT LAUDERDALE, FL 33304 14

Current Mailing Address: New Mailing Address:

812 N OCEAN BLVD 1160 N FEDERAL HWY

305 1016

POMPANO BEACH, FL 33062 FORT LAUDERDALE, FL 33304 14

FEI Number: 26-0863090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAIN, JOSE M PAIN, JOSE M

812 N OCEAN BLVD 1160 N FEDERAL HWY

05 1016

POMPANO BEACH, FL 33062 US FORT LAUDERDALE, FL 33304 US

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: JOSE M PAIN 09/29/2008

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:

Title: P (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 P
 () Delete
 Title:
 P
 (X

 PAIN, JOSE M
 Name:
 PAIN, JOSE M

 Name:
 PAIN, JOSE M
 Name:
 PAIN, JOSE M

 Address:
 812 N OCEAN BLVD 305
 Address:
 1160 N FEDERAL HWY 1016

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:
 FORT LAUDERDALE, FL 33304

Title: VP () Delete Title: VP (X) Change () Addition

Name: PAIN, JOSE M Name: PAIN, JOSE M

 Address:
 812 N OCEAN BLVD 305
 Address:
 1160 N FEDERAL HWY 1016

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:
 FORT LAUDERDALE, FL 33304

Title: S () Delete Title: S (X) Change () Addition

Name: PAIN, JOSE M Name: PAIN, JOSE M

Address: 812 N OCEAN BLVD 305 Address: 1160 N FEDERAL HWY 1016
City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: FORT LAUDERDALE, FL 33304

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: JOSE M PAIN P 09/29/2008