

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 167092</b> 1. Entity Name <b>AUTOMOTIVE RESEARCH BUREAU INC</b>				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> <b>FILED</b>  <b>OCT 25 PM 1:45</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>P O BOX 2875</b> <b>DAYTONA BEACH, FL 32120-2875 US</b>			Mailing Address <b>1801 SPEEDWAY BOULEVARD</b> <b>DAYTONA BEACH, FL 32114</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0662307</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FRANCE, WILLIAM C</b> <b>1801 SPEEDWAY BLVD</b> <b>DAYTONA BEACH, FL 32114</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>			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	<b>CEOD</b> <b>FRANCE, WILLIAM C</b> <input type="checkbox"/> Delete <b>1600 S PENINSULA</b> <b>DAYTONA BCH, FL 32118</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>200042157192</b>  <b>10/25/04--01060--013</b> <b>**150.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDV</b> <input type="checkbox"/> Delete <b>FRANCE, JAMES C</b> <b>1147 NO HALIFAX</b> <b>DAYTONA BCH, FL 32118</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPF</b> <input type="checkbox"/> Delete <b>RUMERY, DORIS</b> <b>WILLOW RUN</b> <b>ORMOND BEACH, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>BLEDSOE, THOMAS M</b> <b>1801 W. INTERNATIONAL SPEEDWAY BLVD</b> <b>DAYTONA BEACH, FL 32114</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>FRANCE, BRIAN Z</b> <b>1801 W. INTERNATIONAL SPEEDWAY BLVD</b> <b>DAYTONA BEACH, FL 32114</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">   <b>10/26</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>HELTON, MICHEAL G</b> <b>1801 W. INTERNATIONAL SPEEDWAY BLVD</b> <b>DAYTONA BEACH, FL 32114</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: _____</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>Thomas M Bledsoe</b> Date _____ Daytime Phone # <b>386-239-2600</b>		