

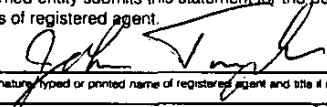
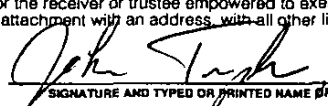


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 331966 1. Entity Name AUTOMOTIVE WAREHOUSE INC, OF LAKE LAND						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 DEC 29 AM 9:09																									
Principal Place of Business 611 ALICIA RD LAKE LAND, FL 33801				Mailing Address 611 ALICIA RD LAKE LAND, FL 33801																											
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		REINSTATEMENT 05 																											
City & State		City & State		4. FEI Number 59-1268161		Applied For Not Applicable																									
Zip		Country		Zip		Country																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				12082005 REIN-P CR2E098 (6/04)																											
6. Name and Address of Current Registered Agent TOMPKINS, M. VALERIE 73 W. FLAGLER STREET, SUITE 1902 MIAMI, FL 33130				7. Name and Address of New Registered Agent Name John Tompkins Street Address (P.O. Box Number is Not Acceptable) 1693 Mahaffey Circle City Lake land FL Zip Code 33811																											
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  John Tompkins, Pres <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE 12/19/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00																															
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
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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:  John Tompkins, Pres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 12/19/05 863-712-0832 <small>Date Daytime Phone #</small>																											