2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 459549

Address:

City-St-Zip:

Entity Name: JAX CAR SALES INCORPORATED

FILED Oct 09, 2009 Secretary of State

Entity Nai	me: JAX CAF	SALES, INCO	RPORATED				
Current Principal Place of Business:				New Principal Place of Business:			
1151 N MA JACKSON	AIN ST IVILLE, FL 32	206 US					
Current Mailing Address:				New Mailing Address:			
	RTH MAIN ST. IVILLE, FL 32	206					
FEI Number	: 59-1589035	FEI Number Ap	pplied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registe	ered Agent:	Name and	Address o	f New Registered Agent:	
2319 COS 202	DN, RONALD ITA VEDRA BI IVILLE, FL 32	LVD.					
	e named entity e of Florida.	submits this sta	tement for the pu	rpose of changing i	s registered	d office or registered agent, or both	
SIGNATU		PETERSON					
	Electro	nic Signature of	Registered Agen	t		Date	
		93(2)(b), F.S., the o g Trust Fund Cont		receive the prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (PETERSON, R 2319 COSTA V JACKSONVILL	/EDRA BLVD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VTS (PETERSON, F 2319 COSTA V JACKSONVILL	/EDRA BLVD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V (WILLIS, JAME 1151 MAIN ST JACKSONVILL			Title: Name: Address: City-St-Zip:	1151 MAIN S	(X) Change () Addition MES RICHARD ST. LLE, FL 32206	
Title: Name:	() Delete		Title: Name:	V PETERSON,	() Change (X) Addition PAMELA G	

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.

Address:

City-St-Zip:

1151 N MAIN

JACKSONVILLE, FL 32206

SIGNATURE: JAMES RICHARD WILLIS V 10/09/2009