2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000001239

Entity Name: GAINESVILLE FORD, INC.

FILED Oct 22, 2007 Secretary of State

		VILLE I OILD, IIIO.			
Current P	rincipal Place	e of Business:	New Principal Place of Business:		
	TH MAIN STR LLE, FL 3260				
Current Mailing Address:			New Mailing Address:		
	TH MAIN STR LLE, FL 3260				
FEI Number	: 59-3630983	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD			
	named entity e of Florida.	submits this statement for the p	ourpose of changing it	s registered office or registered agent, or both,	
SIGNATUI	RE: ANTHON	IY LICAUSI/ VICE PRESIDENT			
		nic Signature of Registered Age		Date	
		3(2)(b), F.S., the corporation did no	t receive the prior notice).	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MAJERICK, D.) Delete TIVE PLAZA DRIVE II 48126	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WOLF, TONY) Delete I PKWY. SUITE 450 30346	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P (ALVAREZ, JOS 3333 NO MAIN GAINESVILLE,	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (COLE, SANDR 10081 SW 74 OCALA, FL 34	TERR	Title: Name: Address: City-St-Zip:	S (X) Change () Addition LOEFFLER, TAMMY L 4229 NW 29TH TERR GAINESVILLE, FL 32605	
Title: Name: Address: City-St-Zip:	MCBRIDE, E.R	PKWY. SUITE 450	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: TAMMY LOEFFLER S 10/22/2007