


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000005352		
1. Entity Name ORLANDO LUBE CENTERS, INC.		

Principal Place of Business C/O JIFFY LUBE 75-87 UNIVERSITY BLVD. WINTER PARK, FL 32792	Mailing Address C/O JIFFY LUBE 75-87 UNIVERSITY BLVD. WINTER PARK, FL 32792
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
05 OCT 17 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09302005 REIN-P CR2E098 (6/04)

4. FEI Number  
11-3556500

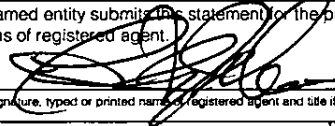
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent CUEVAS, ANDREW ESQ. C/O CUEVAS & RUBIN, P.A. 9200 SOUTH DADELAND BLVD., SUITE 603 MIAMI, FL 33156	
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7. Name and Address of New Registered Agent Name: Lawrence D. Johnson Street Address (P.O. Box Number is Not Acceptable): 925 South Deeping Drive Suite 4 City: Winter Park FL Zip Code: 32789	
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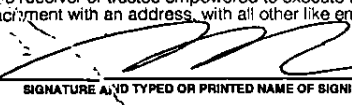
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 10/12/05

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PIESNER, STEVEN 50-H CORBIN AVENUE BAY SHORE, NY 11706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000606867 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/17/05--01068--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PIESNER, ELIZABETH 50-H CORBIN AVENUE BAY SHORE, NY 11706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Roberts OCT 25 2005 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 10/31/05 DAYTIME PHONE #: 631-586-2626