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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone

: (850)521~1000

Fax Number

: (850)558-1575

FOREIGN PROFIT QUALIFICATION

VALU MUFFLER & BRAKE FRANCHISE SYSTEMS, INC.

Certificate of Status	0
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99 SEP. 28. 2004: 3:57PM, or Corporation Service Company

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of	ER & BRAKE FRANCHISE SYSTEMS, corporation; must include "INCORPORAT corp.," "Inc.," "Co.," or "Corp.")			······	
2. New York	able in Florida, enter alternate corporate no		adopted for the purpose of measuring business in Fig. 58-2497932 (FEI number, if applicable)	orida)	
Cctober 14.	1999	5.	Perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpen	ual")	
6. None					
· *	(Principal office				
General Pur	(Current mailing	add	ress)	O4 SE	อะ/เรเลเ
	i) of corporation anthorized in home state of	or co	untry to be carried out in state of Florida)	~~~~~	<u>. </u>
Name and street	et address of Florida registered agent: (P.C	Box NOT acceptable)	<i>€</i> 5	등 등 당
Name:	Corporation Service Company	<u> </u>	·	• हैं	777
	1201 Rays Street			65:	
Office Address:					
Office Address:	Tallahassee		, Florida 32301		

10. Registered agent's acceptance:

Having been named as registered agent and to accept scrvice of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all standes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: SOPY BUTTON

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Dopartment of State, by the Scoretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS		
Chairman: Thomas S. Shea		
Address: 4115 Main St.		
Amberst, NY 14226		
Vice Chairman: None		
Address:		
With the second of the second	·	·
Director: Nancy Shea		,
Address: 4115 Main St.	** * *	
Amherst, NY 14225		
Director:		
Address;		
B. OFFICERS		
President: Thomas S. Shea		_
Address: 4115 Main Sc.	0,0	
Amharst, NY 14226	33	Sic
Vice President: Nancy Shee	رم ري	<u> </u>
Address: 4115 Main St.	C≎	C22
Amberst, NY 14326	- * 	<u>.</u>
Scarciary: Nancy Shea	S S	
Address: 4115 Main St., Amherst, WY 14226		<i></i>
Treasurer Nancy Shea		,
Address: 4115 Main St., Amherst, NY 14226		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors 13	S.	
(Signature of Director or Officer listed in number 12 of the application)		
14. Thomas S. Shea, President		
(Typed or printed name and caracity of parson signing application)		

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Corporation Service Company

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State of New York } **ss**: **Department of State**

I horeby certify, that the Certificate of Incorporation of VALU MUFFLER & BRAKE FRANCHISE EYSTEMS, INC. was filed on 10/14/1999, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 27th day of September two thousand and four.

Secretary of State