

2007 FOR PROFIT CORPORATION REINSTATEMENT


APPROVED
AND
FILED

07 NOV 16 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-26-07
89

REINSTATEMENT 07

DOCUMENT # F98000005784 1. Entity Name TAMPA BAY BUICK, INC.					
Principal Place of Business 9400 US 19 NORTH PINELLAS PARK, FL 33782			Mailing Address 9400 US 19 NORTH PINELLAS PARK, FL 33782		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 4357			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Troy, MI		4. FEI Number 59-3536510	
Zip		Zip 48099		Country USA	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEO, ALBERT J 4062 AUSTIN WAY PALM HARBOR, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ed L. Soliman 2142 Austin Troy, MI 48063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, BRIAN S 11700 GREAT OAKS WAY ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Valerie A Schuster 100 Renaissance Center Detroit, MI 48265-1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, NANCY A 5980 35TH AVENUE NORTH SAINT PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clarence E. Oliver 100 Renaissance Center Detroit, MI 48265-1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200112633892 11/28/07--01007--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>E. Soliman</u> E. SOLIMAN 11/8/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					