2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G05531

Entity Name: UNITED AUTO PARTS OF VENICE, INC.

FILED Dec 04, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
- a	iton i inicipal i lace di Dacinico

UNITED AUTO PARTS OF VENICE, INC., % BYNE D. HARRIS, SR. 240 S. GROVE STRÉET 240 S. GROVE STREET VENICE, FL 34292 VENICE, FL 34292

Current Mailing Address: New Mailing Address:

% BYNE D. HARRIS, SR. 240 S. GROVE STREET 240 S. GROVE STREET VENICE, FL 34292 VENICE, FL 34292

FEI Number: 59-2229240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARRIS, BYNE D., SR. HARRIS, BYNE D MR 240 S. GROVE STREET 240 S. GROVE STREET VENICE, FL 33595 VENICE, FL 34292

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.

SIGNATURE: BYNE D. HARRIS, SR 12/04/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition Title: HARRIS, BYNE D JR, HARRIS JR, BYNE D MR Name: Name: 240 S GROVE STREET 240 S GROVE STREET Address: Address: City-St-Zip: VENICE, FL 00000 City-St-Zip: VENICE,, FL 34292

Title: DP () Delete Title: (X) Change () Addition

Name: HARRIS. BYNE D SR. Name: HARRIS. BYNE D MR 240 S GROVE STREET 240 S GROVE STREET Address: Address: VENICE, FL VENICE,, FL 34292 City-St-Zip: 00000. City-St-Zip:

Title: Title: () Delete () Change (X) Addition

Name: HARRIS, MADGE F MRS Name: 240 S GROVE ST Address Address: City-St-Zip: City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: BYNE D. HARRIS, SR 12/04/2005