

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # H95785				
<p>1. Entity Name AUTO FITNESS CENTER, INC.</p>				
<p>Principal Place of Business 1875 SW 4TH AVE. C-1 DELRAY BCH., FL 33444</p>		<p>Mailing Address PO BOX 1566 BOCA RATON, FL 33429</p>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
<p>NUSRALA, C.J. 1875 SW 4TH AVE. C-1 DELRAY BCH., FL 33444</p>		<p>Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code</p>		
<p>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.</p>				
<p>SIGNATURE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</p>				
<p>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</p>		<p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>PD NUSRALA, CRAIG J. PO BOX 1566 BOCA RATON, FL 33429</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition 900062046239 12/09/05--01050--007 **158.75</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>SD NUSRALA, BONNIE PO BOX 1566 BOCA RATON, FL 33429</p>	<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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<p>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.</p>				
<p>SIGNATURE: </p>		<p>12-6-05 561-441-1177 Date Daytime Phone #</p>		
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>				