

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000008252

FILED
Aug 30, 2005
Secretary of State

Entity Name: AUTO PARTS SPECIALIST OF LA BELLE INC.

Current Principal Place of Business:

310 N. INDUSTRIAL LOOP
LA BELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2824
LA BELLE, FL 33975

New Mailing Address:

FEI Number: 65-0981086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, SUZETTE
152 DAVIS STREET
LA BELLE, FL 33935 US

Name and Address of New Registered Agent:

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: SUZETTE SUAREZ

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:

Title: D () Delete
Name: HADDOCK, MARIA
Address: P.O. BOX 2824
City-St-Zip: LABELLE, FL 33975

Title: D () Delete
Name: SUAREZ, CHRISTOPHER
Address: P.O. BOX 2824
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARIA HADDOCK

D

08/30/2005

Electronic Signature of Signing Officer or Director

Date