

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000009167

1. Entity Name
AMERICA EAST AUTOMOTIVE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 30 PM 2:54

Principal Place of Business
2927 EMBASSY DR
WEST PALM BEACH, FL 33401

Mailing Address
2927 EMBASSY DR
WEST PALM BEACH, FL 33401

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

FRASER, DUNCAN-
4443 10TH AVENUE NORTH
LAKE WORTH, FL 33461

11102005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0977116

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Duncan Fraser*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/26/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

CEBOLLERO, CHRISTPHER
2927 EMBASSY DR
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition

Director, President
200062472802
12/29/05--01040--004 **750.00

TITLE
NAME
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-25-05 (561) 252-1371

Date

Daytime Phone #