


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 FEB 15 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034783			
1. Entity Name 4OR AUTOMOTIVE GROUP, INC.			
Principal Place of Business 5075 WEST 38TH STREET INDIANAPOLIS, IN 46254		Mailing Address 5075 WEST 38TH STREET INDIANAPOLIS, IN 46254	
2. Principal Place of Business 1525 N. SHADELAND AVE.		3. Mailing Address 1525 N. SHADELAND AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State INDIANAPOLIS, IN		City & State INDIANAPOLIS, IN	
Zip 46219	Country MARION	Zip 46219	Country MARION
4. FEI Number 59-3636861		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSMAN, PERRY 625 EAST NASA BLVD MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name KENNETH R. ROSENFELD Street Address (P.O. Box Number is Not Acceptable) 255 S. ORANGE AVE., STE. 1255 City ORLANDO FL Zip Code 32801	
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 <u>[Signature]</u> / <u>Corporate Secretary</u> Feb 6, 2006 <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 \$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-STATE-ZIP	P OSMAN, PERRY 625 EAST NASA BLVD MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700066218367 02/20/06--01081--028 **300.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V OSMAN, PAUL 625 EAST NASA BLVD MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T ROSENFELD, KENNETH R 1071 STRATFORD PL MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ROSENFELD, KENNETH R. 255 S. ORANGE AVE., STE. 1255 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T DONALD WHITE 1525 N. SHADELAND AVE. INDIANAPOLIS, IN 46219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S ANTHONY GREGO 1525 N. SHADELAND AVE. INDIANAPOLIS, IN 46219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>[Signature]</u> / <u>Corporate Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Feb 6, 2006 317-714-8080 <small>Date Daytime Phone #</small>	

