

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000034783 1. Entity Name 4OR AUTOMOTIVE GROUP, INC.																		
Principal Place of Business 1525 N SHADELAND AVE INDIANAPOLIS, IN 46219		Mailing Address 1525 N SHADELAND AVE INDIANAPOLIS, IN 46219																
2. Principal Place of Business - No P.O. Box # 625 East Nasa Boulevard Suite, Apt. #, etc.	3. Mailing Address 625 East Nasa Boulevard Suite, Apt. #, etc.																	
City & State Melbourne, Florida Zip Country 32940 USA	City & State Melbourne, Florida Zip Country 32940 USA																	
4. FEI Number 59-3636861		Applied For ☐ Not Applicable																
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required																
6. Name and Address of Current Registered Agent ROSENFELD, KENNETH R 255 S. ORANGE AVE STE 1255 ORLANDO, FL 32801																		
7. Name and Address of New Registered Agent Name Kenneth R. Rosenfield Street Address (P.O. Box Number is Not Acceptable) 255 South Orange Avenue, Suite 1225 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: 1/23/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																		
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 5px;"> TITLE P NAME ROSENFELD, KENNETH R STREET ADDRESS 255 S ORANGE AVE, STE 1255 CITY-STATE-ZIP ORLANDO, FL 32801 </td> <td style="width: 50%; padding: 5px;"> TITLE President & Treasurer NAME Rosenfield, Kenneth R. STREET ADDRESS 255 South Orange Avenue, Suite 1225 CITY-STATE-ZIP Orlando, FL 32801 </td> </tr> <tr> <td style="padding: 5px;"> TITLE T NAME WHITE, DONALD STREET ADDRESS 1525 N SHADELAND AVE CITY-STATE-ZIP INDIANAPOLIS, IN 46219 </td> <td style="padding: 5px;"> TITLE Vice-President NAME Osman, Perry STREET ADDRESS 625 East Nasa Boulevard CITY-STATE-ZIP Melbourne, FL 32940 </td> </tr> <tr> <td style="padding: 5px;"> TITLE S NAME GREGO, ANTHONY STREET ADDRESS 1525 N SHADELAND AVE CITY-STATE-ZIP INDIANAPOLIS, IN 46219 </td> <td style="padding: 5px;"> TITLE Secretary NAME Osman, Paul STREET ADDRESS 625 East Nasa Boulevard CITY-STATE-ZIP Melbourne, FL 32940 </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> </tr> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE P NAME ROSENFELD, KENNETH R STREET ADDRESS 255 S ORANGE AVE, STE 1255 CITY-STATE-ZIP ORLANDO, FL 32801	TITLE President & Treasurer NAME Rosenfield, Kenneth R. STREET ADDRESS 255 South Orange Avenue, Suite 1225 CITY-STATE-ZIP Orlando, FL 32801	TITLE T NAME WHITE, DONALD STREET ADDRESS 1525 N SHADELAND AVE CITY-STATE-ZIP INDIANAPOLIS, IN 46219	TITLE Vice-President NAME Osman, Perry STREET ADDRESS 625 East Nasa Boulevard CITY-STATE-ZIP Melbourne, FL 32940	TITLE S NAME GREGO, ANTHONY STREET ADDRESS 1525 N SHADELAND AVE CITY-STATE-ZIP INDIANAPOLIS, IN 46219	TITLE Secretary NAME Osman, Paul STREET ADDRESS 625 East Nasa Boulevard CITY-STATE-ZIP Melbourne, FL 32940	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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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: 321-508-4921 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

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