2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000041629

Entity Name: TEAM AUTOMOTIVE ENTERPRISES INC.

FILED Nov 03, 2005 Secretary of State

Littly Nai	ine. IEAWA	STOWOTIVE LINTERFRISES,	INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4858 N. DALE MABRY HWY. TAMPA, FL 33614				3565 SHORELINE CIRCLE PALM HARBOR, FL 34684	
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
4858 N. DALE MABRY HWY. TAMPA, FL 33614			3565 SHORELINE CIRCLE PALM HARBOR, FL 34684		
FEI Number:	: 59-3643659	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
The above in the State	HWY 19 RT RICHEY, F	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car		93(2)(b), F.S., the corporation did no g Trust Fund Contribution (). CTORS:	·	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DVS (AVEDISIAN, R 33 FRESHWA PALM HARBO	TER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DTP (GILLISS, JOH 3565 SHOREL PALM HARBO	INE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOHN P. GILLISS DTP 11/03/2005