

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| <b>DOCUMENT # P00000055882</b><br>1. Entity Name<br><b>C &amp; D AUTO SPECIALISTS, INC.</b>   |  |  |  |  |  | <b>FILED</b><br><b>05 SEP 28 AM 10:21</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br><b>1994 MILLINGTON LANE<br/>JACKSONVILLE, FL 32246</b>   |  |  |  | Mailing Address<br><b>1994 MILLINGTON LANE<br/>JACKSONVILLE, FL 32246</b>  |  |   |  |
| 2. Principal Place of Business<br><b>4560 SHILOH MILLS BLVD</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>4560 SHILOH MILLS BLVD</b><br>Suite, Apt. #, etc. |  |  |  |   |  |
| City & State<br><b>JACKSONVILLE FL</b>  |  | City & State<br><b>JACKSONVILLE FL</b>                                     |  | 4. FEI Number<br><b>59-3651194</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable                                  |  |
| Zip<br><b>32246</b>   |  | Country<br><b>DUVAL</b>  |  | Zip<br><b>32246</b>  |  | Country<br><b>DUVAL</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JONES, CHAD E<br/>1994 MILLINGTON LANE<br/>JACKSONVILLE, FL 32246</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>JONES, CHAD E</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4560 SHILOH MILLS BLVD</b><br>City <b>JACKSONVILLE</b> FL Zip Code <b>32246</b> |  |   |  |
| 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 <b>CHAD JONES, DIRECTOR</b> x  x <b>9/20/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$300.00</b>  |  |  |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>JONES, CHAD E<br>1994 MILLINGTON LANE<br>JACKSONVILLE, FL 32246  |  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JONES, CHAD E<br>4560 SHILOH MILLS BLVD<br>JACKSONVILLE FL 32246                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>JONES, JESSICA H<br>1994 MILLINGTON LN<br>JACKSONVILLE, FL 32246 |  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>JONES, JESSICA H<br>4560 SHILOH MILLS BLVD<br>JACKSONVILLE FL 32246               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | [Blank]  |  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | [Blank]   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | [Blank]  |  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | [Blank]   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | [Blank]  |  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | [Blank]   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | [Blank]  |  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | [Blank]   |  |
| 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: <b>CHAD JONES, DIRECTOR</b> <b>9-20-05</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |  |  |  |  |   |  |

TRANSMITTAL LETTER

April 7, 2005

C & D Auto Specialists, Inc.  
4560 Shiloh Mill Boulevard  
Jacksonville, Florida 32246

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SUBJECT: Reinstatement of C & D Auto Specialists, Inc.

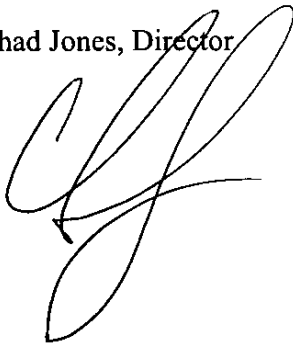
To whom it may concern.

Please accept the enclosed 2005 For Profit Corporation Reinstatement form for the subject corporation. Also enclosed is a check in the amount of \$308.75 for the Filing Fee and a Certificate of Status.

Thank you for your assistance.

Sincerely,

Chad Jones, Director

A handwritten signature in black ink, appearing to be 'CJ' with a large loop and a horizontal stroke at the bottom.