


2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P01000005701 | |  |
| 1. Entity Name DOUG'S AUTO SPECIALIST, INC. | | |

FILED
05 FEB -7 PM 4: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 2101 N W 141ST STREET BAY 9 OPA-LOCKA, FL 33054 | Mailing Address 2101 N W 141ST STREET BAY 9 OPA-LOCKA, FL 33054 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01262005 REIN-P CR2E098 (6/04)

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| 4. FEI Number 65-1069592 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent WALCOTT, DOUGLAS 3030 N W 186TH TERRACE MIAMI, FL 33056 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST WALCOTT, DOUGLAS 3030 N W 186TH TERRACE MIAMI, FL 33056 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300046418483 02/11/05--01010--015 **\$300.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALCOTT, DOUGLAS 3030 N W 186TH TERRACE MIAMI, FL 33056 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-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 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: *Douglas Walcott* 1-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #