2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000074828

225 S MAIN ST

BALDWIN, FL 32234

Address:

City-St-Zip:

Entity Name: NORTH FLORIDA AUTO SALES & LEASING INC.

FILED May 05, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ANTIC BLVD WILLE, FL 322	225			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
10670 ATLANTIC BLVD JACKSONVILLE, FL 32225			13725 BEACH BLVD SUITE #11 JACKSONVILLE, FL (
FEI Number:	: 59-3730748	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
10670 ATĹ	THOMAS J LANTIC BLVD IVILLE, FL 322	225 US			
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: THOMAS	J MCCABE			
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MCCABE, THO 121 BIMINI CT) Delete MAS J ³ BEACH, FL 32082	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (SABISTON, RC 314 9TH ST ATLANTIC BEA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SWINEHART, 0 10 C PONTE V		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP ()) Delete BBIE	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: THOMAS J MCCABE P 05/05/2008