2006 F(R PROFIT CORPORATION REINSTATEMENT

TILED DOCUMENT # \$02000035412 1. Entity Name 06 MAR -7 PH 3: 40 FIRST SOURCE AUTO, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address REINSTATEMENT 2531 S. ADAMS 2531 S. ADAMS TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 3. Mailing Address 103072006 Suite, Apt. #, ctc. Suite, Apt. #, etc. REIN-P CR2E098 (11/05) City & State City & State 4. FEI Number Applied For 50-0002127 Not Applicable Zip Country Ziα Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOVE, CARL Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 16581 **TAMPA, FL 33687** City Zip Code FI 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE LOVE, CARL NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 16581 200068109392 TAMPA, FL 33687 CITY-ST-ZIP CITY-ST-ZIP 03/20/06--01024--001 F*6340. PM Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CHY-ST-ZIP 12. I horeby 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. 3/7/06 SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone