2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000088253 1. Entity Name AA CAR CARE, INC.									FILED OCT. 2-1-AM	11: 57			
Principal Place of Business 3928 W. 12TH AVE. HIALEAH, FL 33012				Mailing Address 3928 W. 12TH AVE. HIALEAH, FL 33012				4 18911891 21	RETARY OF ALIASSEE, F	· - -	1 261 B 11 26 411	(78 # 87	
2. Principal esce of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10172005	REIN-P	CR2E098	3 (6/04)		
City & State			С	City & State				4. FEI Numb 51-042			<u> </u>	plied For t Applicable	
Zip	Country			Zip Cou		try				3.75 Add Required	5 Additional Required		
	6. Name	and Address of Curren	t Registe	Registered Agent			7. Name and Address of New Registered Agent Name						
MARTEL, ANTONIO 48801 NW 142ND ST.							ddress (F	P.O. Box Numb	er is Not Acceptabl	'e)			
MIAMI-LAKEG; FL 33018							13852 S.W. 28 STREET						
		h						AMA			Zip Code	.2.7	
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. It am familiar with, and a the obligations of registered agent.													
SIGNATURE Signature, typed or printed frame of regulared agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
		FEE IS \$150.00 06, Fee will be \$300.	00					In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10.	1000	OFFICERS AND	DIRECT		11.		725		/CHANGES TO OFF				
TITLE NAMÉ	PSD Delete TIT. MARTEL, ANTONIO Delete NA						MARTELL ANTONIO						
STREET ADDRESS City-St-Zip	8 801 NW 142ND S T. STI MIAMILAKES, FL 33018-						138	XX S.U	N. 285 K, Fl. 3	ד ד גשב ז			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD □ Delete HTL MARTEL, RAISA M NAM 8801-NW 142ND 3T- STRE MIAMI LAKES, FL 93018 CITY						1 D Change Addition 13852 S.W. 28 ST 1918 FM. FL. 33027						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	Delete					100060 21/05010] Change	Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP				☐ Delate] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>		☐ Delete		1] Change	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 leport 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 of 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 abordess, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylore Pro- Florida Statutes Daylore Pro- Pro- Florida Statutes Daylore Pro- Pro- Florida Statutes Daylore Pro- Pro-													
SIGNAT	URE: _	SIGNATURE AND TYPED OR	PAINTED N	AME OF SIGNING OFFICER (OR DIRECT	OR		/	Def Def	Dayton	/-60	1 .	

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Hialeah, October 17, 2005

To:

DIVISION OF CORPORATIONS

From:

AA CAR CARE, INC.

Dear Sirs:

Please, find attached a Profit Corporation Reinstatement form along with a check for \$ 150.00. I respectfully request from you to abate the reinstatement fee because I never received any correspondence, form or bill to file the annual report. Perhaps I never received it because I moved to a new home. My current address is:

13852 S.W. 28 STREET MIRAMAR, FL. 33027

Yours truly,

Antonio Martell