2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000095176

1302 NE 123 STRRET

MIAMI, FL 33161

Address:

City-St-Zip:

Entity Name: AVM AUTOMOTIVE PAINT SUPPLIES, INC.

FILED Dec 19, 2007 Secretary of State

Littly Na	me. Avivi Au	TOMOTIVE PAINT SUPPLIES,	INC.		
Current Principal Place of Business:			New Principal Place	of Business:	
	23 STREET IIAMI, FL 3316	1			
Current N	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
	23 STREET IIAMI, FL 3316	1			
FEI Number	: 81-0568673	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1302 NE 1	ALFREDO SR 23 STREET IIAMI, FL 3316	8 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE: ALFRED	O MATIAS SR.			
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (MATIAS, ALFR 1302 NE 123 S NORTH MIAMI,	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (MATIAS, ANA N 1302 NE 123 S NORTH MIAMI,	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (MATIAS, ALFR 1302 NE 123 S MIAMI, FL 331	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TD () KAUFMAN, VIR) Delete NA	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: ALFREDO MATIAS SR. PD 12/19/2007