2007 FOR PROFIT CORPORATION REINSTATEMENT

2007 FOR PROFIT CORPORATION REINSTATEMENT					Final		
DOCUMENT # P03000041239						· ·-	
Entity Name CARTUNE AUTOMOTIVE SERVICE, INC.					2007 NOV 29 P	M 1:29	
					SECRETARY OF TALLAHASSEE,	STATE	
Principal Place	e of Business MGE BLSM TR #21	Mailing Address P 0B0X 770773			IALLAHASSEE,	FLORIDZ.	
ORLANDO, FL		ORLANDO, FL 32877-07	73				
Principal Place of Business - No P.O. Box # 3. Mailing Address							
		9800 South. Offante auto		allo IIIIIII	 		
Suite, Apt. :		Suite. Apt. #, etc.		10022007		R2E098 (1/07)	
Oblando /FL		Oblando	Ollando 5932			Applied First Not Applicable	
3282	Y USA	32824	Country	5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
-	6. Name and Address of Current Re	egistered Agent	Name	7. Name and	Address of New Registe	ered Agent	
PENA, RICHARD 510 IPSWIGHT COURT Street Address (P.O. Box Number is Not Acceptable) Sirvet Address (P.O. Box Number is Not Acceptable)							
OBTANDO 51-32824 9800 S. ORE-DEG ava							
510 IPSWICHT COURT ORLANDO EL 32824 9800 S. OR-NGG QUE Street Address (P.O. Box Nümber is Not Acceptable)— ORLANDO EL 32824 City ORLANDO EL Zip Sgde 2834							
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							
\$IGNATURE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
Signature: Wood or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) /DATE							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00						. 607.193(2)(b), F.S., the aceive the prior notice.	
10.	OFFICERS AND D	IRECTORS Delete	11.		/CHANGES TO OFFICERS	S AND DIRECTORS IN 11 Change Ark you	
NAME STREET ADDRESS	PENA, RICHARD 9777 S ORANGE BLSM TR #21	(ADBROSS)	NAME STREET ADDRESS	PENAIRICH SKOOS. O	7420 Ren/26 eur	No ngo	
CITY-ST-ZIP	OKLANDO, FL 32837	(6414)	CITY -ST - ZIP	1 1	,F132824		
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*STREET ADDRESS			STREET ADDRESS	ANE-AL'	WIAIL		
12. I hereby o	certify that the information supplied with t	his filing does not qualify for t	he exemptions of	contained in Chapter 11	9. Florida Statutes. I furthe	er 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 directory of the corporation or the receiver or trustee employered 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 employered							
SIGNATURE: / LCh And PONA 11/27/07 888-2582							