

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 26 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000081290			
1. Entity Name JAY'S QUALITY AUTO SERVICES INC.			
Principal Place of Business 4211 N OBT UNIT A7 ORLANDO, FL 32804		Mailing Address 4211 N OBT UNIT A7 ORLANDO, FL 32804	
2. Principal Place of Business <i>2801 SOUTH ORANGE BLOSSOM TRL.</i>		3. Mailing Address <i>2801 S. ORANGE BLOSSOM TRAIL</i>	
Suite, Apt. #, etc. <i>ORLANDO</i>		Suite, Apt. #, etc. <i>FLORIDA</i>	
City & State <i>ORANGE USA</i>		City & State <i>32805 USA</i>	
Zip <i>32805</i>		Country <i>USA</i>	
4. FEI Number 10132005		REIN-P CR2E098 (6/04)	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALCORDO, SHERWIN J OWNER 2721 APOPKA BOULEVARD, APOPKA, FL 32703 <i>2801 S. ORANGE BLOSSOM TRAIL ORLANDO FL. 32805</i>		Name <i>SHERWIN JAY ALCORDO</i> Street Address (P.O. Box Number is Not Acceptable) <i>530 LAKEWOODS BLVD.</i> City <i>WINTER PARK FL</i> Zip Code <i>FL 32879</i>	
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: <i>SHERWIN JAY ALCORDO</i>		DATE: <i>10/17/05</i>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	ALCORDO, SHERWIN J <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<i>[Signature]</i>
NAME	2721 APOPKA BOULEVARD,	NAME	<i>300060948713</i>
STREET ADDRESS	APOPKA, FL 32703	STREET ADDRESS	<i>10/26/05--01029--001 **158.75</i>
CITY - ST - ZIP	<i>ALCORDO SHERWIN JAY</i> <input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<i>2801 S. ORANGE BLOSSOM TRAIL</i>	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<i>ORLANDO FL. 32805</i>	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.			
SIGNATURE: <i>SHERWIN JAY ALCORDO</i>		DATE: <i>10/17/05</i> DAYTIME PHONE: <i>407-426-9489</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	

10/17/05