


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000095550 1. Entity Name MR. DE AUTO SALES AND SERVICES INC.	
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FILED

05 MAY 12 PM 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 559 ROSS PL. ORLANDO, FL 32805	Mailing Address 559 ROSS PL. ORLANDO, FL 32805
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2. Principal Place of Business 4950 S. O.B.T. Suite, Apt. #, etc. 101	3. Mailing Address Suite, Apt. #, etc.
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City & State Orlando Fla	City & State		
Zip 32839	Country Orduge	Zip	Country

6. Name and Address of Current Registered Agent METELLUS, DEMETRY 559 ROSS PL. ORLANDO, FL 32805	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD METELLUS, DEMETRIUS 559 ROSS PL. ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000054857760 05/19/05--01050--002 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD METELLUS, DEMETRY 559 ROSS PL. ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Demetry Metellus* 05/09/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

at. 800