2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 13 AM 8: 14

REINSTATEMENT 05-06

06082006 REIN-P CR2E098 (11/05)

DOCUMENT # P03000106643

1. Entity Name
DISCOUNT AUTO MART, INC.

Principal Place of Business	Mailing Address
8100 E. COLONIAL DRIVE ORLANDO, FL 32817	8100 E. COLONIAL DRIVE ORLANDO, FL 32817

2. Principal Place of Business	3. Mailing Address
2200 FORSYTH ROAD, E-17	PO BOX 677306
Suite, Apt. #, etc	Suite, Apt #, etc
City & State ORLANDO FL.	City & State ORLANDO FLORIDA
Zip 32807 Country USA	Zip 32867 Country USA

4. FEI Number 45-0525671 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LACEK, MARTIN
2703 SUMMERFIELD ROAD
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name SUALEHEEN R. SHEIKH
Street Address (P.O. Box Number is Not Acceptable)
2200 FORSYTH ROAD, E-17
City ORLANDO FL Zip Code 32807

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 Sualheen R Sheikh 06-07-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEIKH, SUALEHEEN R 8100 E. COLONIAL DRIVE ORLANDO, FL 32817 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PO BOX 677306 ORLANDO, FLORIDA 32867
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sualeheen R Sheikh 06-07-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #