


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

00405

10/2

DOCUMENT # P03000113511		
1. Entity Name AUTOMOTIVE EXCHANGE OF CENTRAL FLORIDA, INC.		

FILED

05 MAR 10 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 14416 QUAIL TRAIL COURT ORLANDO, FL 32837	Mailing Address 14416 QUAIL TRAIL COURT ORLANDO, FL 32837
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2. Principal Place of Business <b>9036 S. ORANGE AVE</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02072005 REIN-P CR2E098 (6/04)

City & State <b>ORLANDO FL</b>	City & State
Zip <b>32824</b>	Country <b>ORANGE</b>

4. FEI Number <b>90-0118635</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GARCIA, EDWIN 14416 QUAIL TRAIL COURT ORLANDO, FL 32837	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

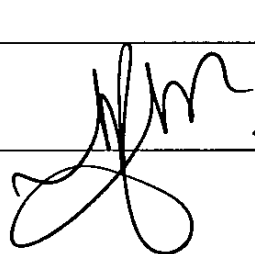
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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P. GARCIA, Edwin  
14416 Quail Trail CT  
ORLANDO, FL 32837

300049888273  
04/05/05=01013-006 \*\*300.00

 3/11

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:  DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

January 6, 2005

Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

RE: P03000113511

Automotive Exchange of Central Florida, Inc.  
EIN: 90-0118635

Sirs;

The reason of this letter is to let you know that by the time of the renew of the corporation by year 2003, we did not received the proper paper to pay the renewal.

We are enclosing a check in the amount of \$300.00 to cover the two year that were behind in the corporation.

Should you have any question concerning the above, do not hesitate to contact us.

Sincerely yours,



Automotive Exchange of Central Florida, Inc.  
9036 S. Orange Avenue  
Orlando, FL 32824  
Tel 407-947-7033  
407-944-9262