## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000035015

Entity Names TRANSMATICS N. AUTO RED

FILED Nov 24, 2009 Secretary of State

| Entity Nar                                  | me: TRANSN           | 1ATICS -N- AUTO REPAIR, IN   | NC.   |  |  |
|---|----------------------|--|---|--|--|
| Current P                                   | rincipal Place       | e of Business:   | New Principal Place of Business:            |  |  |
|   | ERSON RD             |  |   |  |  |
| #C<br>TAMPA, FI                             | L 33634              |  |   |  |  |
| Current Mailing Address:                    |                      |  | New Mailing Address                         | New Mailing Address:                         |  |
| 6407 BRO<br>TAMPA, F                        | OK HOLLOW<br>L 33634 | COURT  |   |  |  |
| FEI Number:                                 | 41-2126556           | FEI Number Applied For ( )   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of           | Current Registered Agent:  | Name and Address of                         | f New Registered Agent:                      |  |
| 6407 BROTAMPA, FI                           |                      | COURT<br>S   | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUR                                    | RE: GUILLEF          | RMO L ECHEVERRI  |   |  |  |
|   | Electro              | nic Signature of Registered Aલ્  | gent  | Date   |  |
|   |                      | 3(2)(b), F.S., the corporation did r<br>g Trust Fund Contribution ( ). | not receive the prior notice.               |  |  |
| OFFICERS AND DIRECTORS:                     |                      |  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | ECHEVERRI,           | HOLLOW COURT   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | CANARIO, RO          | ND COUNTRY BIVD.   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILLERMO L ECHEVERRI PT 11/24/2009