


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000043620		
1. Entity Name SPEEDLANE AUTOCARE, INC.		

Principal Place of Business 10323 CAUSEWAY BLVD RIVERVIEW, FL 33569	Mailing Address 10323 CAUSEWAY BLVD RIVERVIEW, FL 33569
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2. Principal Place of Business 10 227 Causeway Blvd.	3. Mailing Address 10227 Causeway Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

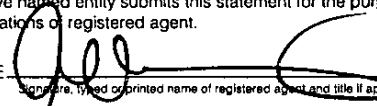
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33619	Zip 33619
Country U.S.A.	Country U.S.A.

05162006 REIN-P CR2E098 (1105) 05-06

6. Name and Address of Current Registered Agent ALEX A. CHHOURI 10323 CAUSEWAY BLVD RIVERVIEW, FL 33569	
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4. FEI Number 20	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name ALEX A. CHHOURI Street Address (P.O. Box Number is Not Acceptable) 10227 Causeway Blvd. City TAMPA FL Zip Code 33619	

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.

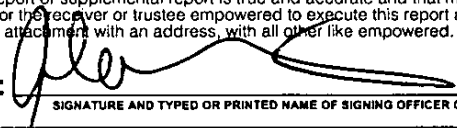
SIGNATURE:  ALEX CHHOURI Director 5/23/06

(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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHHOURI, ALEX 10323 CAUSEWAY BLVD RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHHOURI, ALEX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10227 Causeway Blvd. TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000076162040 06/14/06--01004--021 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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 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:  Director 5/23/06 813-621-1892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #