# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Mar 24, 2006**
**Secretary of State**

DOCUMENT# P04000118343

**Entity Name:** G.A.G AUTO SALES INC.

**Current Principal Place of Business:**

800 NW 71 STREET
MIAMI, FL 33150

**New Principal Place of Business:**

9905 NW 7 AVENUE
MIAMI, FL 33150

**Current Mailing Address:**

1750 NE 146 STREET
N MIAMI, FL 33181

**New Mailing Address:**

**FEI Number: 20-1834815** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DORLEANS, GABRIEL
1750 NE 146 STREET
N MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: GABRIEL DORLEANS

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: DORLEANS, GABRIEL
Address: 1750 NE 146 STREET
City-St-Zip: N MIAMI, FL 33181

Title: VP ( ) Delete
Name: COX, MYRTHA
Address: 13759 MEMORIAL HIGHWAY
City-St-Zip: MIAMI, FL 33161

Title: TRES ( ) Delete
Name: DORLEANS, GABRIEL
Address: 1750 NE 146 STREET
City-St-Zip: N MIAMI, FL 33181

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GABRIEL DORLEANS P 03/24/2006

Electronic Signature of Signing Officer or Director Date