


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV 13 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000159267	
1. Entity Name CBS AUTOMOTIVE GROUP INC.	

Principal Place of Business 9380 NW 100 ST MIAMI, FL 33178-1350	Mailing Address 3525 SW 112 PL MIAMI, FL 33165
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2. Principal Place of Business 9761 NW 91 CT. Suite, Apt. #, etc.	3. Mailing Address 9761 NW 91 CT. Suite, Apt. #, etc.
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City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33178	Country USA
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33178	Country USA



11022006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent BENITEZ, BOB 3529 SW 112 PL MIAMI, FL 33165	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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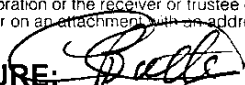
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

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

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	PVTS BALLESTERO, CARLOS F 15042 SW 11 ST MIAMI, FL 33194	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300081740023 11/13/06-01044-012-***150.00
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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:  CARLOS BALLESTERIO 11/2/06 305-887-4800

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