


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000164280	
1. Entity Name VMP AUTO SERVICE, INC.	

FILED

06 OCT 25 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 549 N. GOLDENROD ROAD, SUITE 6 ORLANDO, FL 32807-8219	Mailing Address 549 N. GOLDENROD ROAD, SUITE 6 ORLANDO, FL 32807-8219
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2. Principal Place of Business 549 N. Goldenrod Rd. Suite, Apt. #, etc. Ste. 6 City & State Orlando, Florida Zip 32807 Country U.S.A.	3. Mailing Address 549 N. Goldenrod Rd. Suite, Apt. #, etc. Ste. 6 City & State Orlando, Florida Zip 32807 Country U.S.A.
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10182006 REIN-P CR2E098 (11/05)

4. FEI Number 20-2220006 59-3677524	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 PEREZ, VICTOR 10390 CYPRESS KNEE CIRCLE ORLANDO, FL 32825-9116	7. Name and Address of New Registered Agent Name N/A Street Address (If Box Number is Not Acceptable) REINSTATEMENT 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	P PEREZ, VICTOR 10390 CYPRESS KNEE CIRCLE ORLANDO, FL 328259116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081183535 10/25/06--01026--002 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLAYA, IVETTE 10390 CYPRESS KNEE CIRCLE ORLANDO, FL 328259116 <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
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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 & 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: Victor Perez 10/21/06 407-736-0450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20 10/27