

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000002135

FILED  
Sep 29, 2006  
Secretary of State

**Entity Name:** AFFORDABLE TRANSMISSIONS OF PALM BEACH, INC.

**Current Principal Place of Business:**

1 W LINTON BLVD BAY 3  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

1 W LINTON BLVD BAY 3  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 87-0737084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ERSKIN, SUNIL  
5429 RIVERMILL LANE  
LAKE WORTH, FL 33463 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: SUNIL ERSKIN

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: ERSKIN, SUNIL  
Address: 5429 RIVERMILL LANE  
City-St-Zip: LAKE WORTH, FL 33463

Title: VP ( ) Delete  
Name: CARRASCO, NORMA  
Address: 4286 LINTON BLVD  
City-St-Zip: LAKE WORTH, FL 33461

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

Title: P (X) Change ( ) Addition  
Name: DELGADO, OCTAVIO  
Address: 1 W LINTON BLVD BAY 3  
City-St-Zip: DELRAY BEACH, FL 33444

Title: VP (X) Change ( ) Addition  
Name: ERSKIN, SUNIL  
Address: 4286 LINTON BLVD, BAY 3  
City-St-Zip: DELRAY BEACH, FL 33444

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: OCTAVIO DELGADO

P

09/29/2006

Electronic Signature of Signing Officer or Director

Date