

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 12 PM 1:26

<b>DOCUMENT # P05000019927</b>					
<b>1. Entity Name</b> FELICIA AUTO SALE INC.					
<b>Principal Place of Business</b> 2191 N.W. 24 COURT MIAMI, FL 33142			<b>Mailing Address</b> 2191 N.W. 24 COURT MIAMI, FL 33142		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 19-3142577	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CASTILLO, JULIAN M 4301 S.W. 2ND TERRACE MIAM, FL 33144			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2008, Fee will be \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CASTILLO, JULIAN 4301 S.W. 2ND TERR. MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300110736339 10/12/07--01053--022 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTILLO, FELICIA 4301 S.W. 2ND TERR. MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, JOSE R 4301 S.W. 2ND TERR. MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>10/10/07</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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FELICIA AUTO SALE INC.  
2191 N.W. 24<sup>TH</sup> COURT  
MIAMI, FLORIDA 33142

TO: STATE OF FLORIDA  
DIVISION OF CORPORATION  
P.O.BOX 6327  
TALLAHASSEE, FL. 32314

HEREBY WE CERTIFY, THAT WE NEVER RECEIVED THE FORMS FOR  
ANNUAL REPORT FOR THE YEAR 2007 AND ON THIS BASE, WE REQUEST  
FROM YOU, TO PLEASE, WAIVE THE PENALTY FOR LATE FILING AND  
ENCLOSED PLEASE FIND COMPLETE FORM WITH CHECK PAYABLE TO  
YOUR ORDER FOR \$ 150.00

CORPORATION NAME: FELICIA AUTO SALE

DOCUMENT NUMBER: P05000019927

THANKS.

SINCERELY YOURS,

*Julian Castillo*

JULIAN CASTILLO  
PRESIDENT

SWORN TO AND SUBSCRIBED BEFORE ME THIS 10 DAY OF 10 2007

*Margarita R. Quintana*

NOTARY PUBLIC

