

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000032164

Entity Name: RLA WARRANTY INC.

FILED
Oct 07, 2006
Secretary of State

Current Principal Place of Business:

7701 NW 32 ST.
DAVIE, FL 33024

New Principal Place of Business:

17622 44TH PLACE N
LOXAHATCHEE, FL 33470

Current Mailing Address:

7701 NW 32 ST.
DAVIE, FL 33024

New Mailing Address:

17622 44TH PLACE N
LOXAHATCHEE, FL 33470

FEI Number: 04-3808810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAHAM, ROBERT
7701 NW 32 ST.
DAVIE, FL 33024 US

Name and Address of New Registered Agent:

ABRAHAM, ROBERT
17622 44TH PLACE N
LOXAHATCHEE, FL 33470 US

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: ROBERT ABRAHAM

10/07/2006

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/D () Delete
Name: ABRAHAM, ROBERT
Address: 7701 NW 32 ST.
City-St-Zip: DAVIE, FL 33024

Title: VP () Delete
Name: ABRAHAM, LISA
Address: 7701 NW 32 ST.
City-St-Zip: DAVIE, FL 33024

Title: T/S () Delete
Name: ABRAHAM, ROBERT
Address: 7701 NW 32 ST.
City-St-Zip: DAVIE, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ABRAHAM, ROBERT
Address: 17622 44TH PLACE N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP (X) Change () Addition
Name: ABRAHAM, LISA
Address: 17622 44TH PLACE N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T/S (X) Change () Addition
Name: ABRAHAM, ROBERT
Address: 17622 44TH PLACE N
City-St-Zip: LOXAHATCHEE, FL 33470

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: LISA ABRAHAM

VP

10/07/2006

Electronic Signature of Signing Officer or Director

Date