

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000045607 1. Entity Name SABANA AUTO, INC.						FILED 07 MAY -8 AM 10:17 TALLAHASSEE, FLORIDA	
Principal Place of Business 334 FAIRLANE AVE. ORLANDO, FL 32809				Mailing Address 334 FAIRLANE AVE. ORLANDO, FL 32809			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent PEREZ, ERIC A 1210 PINAR DRIVE ORLANDO, FL 32825				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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  <small>Signature, typed or printed name of registered agent and title, if applicable.</small>				DATE <u>5/2/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEREZ, ERIC A 1210 PINAR DR. ORLANDO, FL 32825 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	4001032841084 05/25/07--01013--020 <input type="checkbox"/> Change <input type="checkbox"/> Addition **300.00		
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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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>5/2/07</u> <small>Date</small>			