2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 31, 2007
Secretary of State

DOCUMENT# P05000091967

Entity Name: CARS AND PARTS OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

303 B ANASTASIA BLVD
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

303 B ANASTASIA BLVD
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NILSSON, HARRY
303 B ANASTASIA BLVD
ST AUGUSTINE, FL 32080 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: NILSSON HARRY

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NILSSON, HARRY
Address: 303 B ANASTASIA BLVD
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D (X) Delete
Name: VILJANEN, PETER
Address: 303 B ANASTASIA BLVD
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D (X) Delete
Name: JOHANSSON, PETER
Address: 303 B ANASTASIA BLVD
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D (X) Delete
Name: BERGQVIST, OLLE
Address: 303 B ANASTASIA BLVD
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NILSSON HARRY D 08/31/2007

Electronic Signature of Signing Officer or Director — Date