


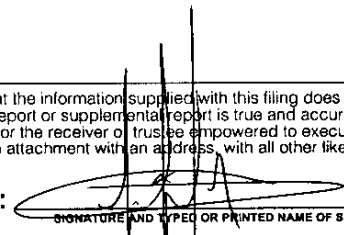
2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV -3 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|--|--|---------------------------------|--|--|--|
| DOCUMENT # P05000092190 | | | |  | |
| 1. Entity Name SORRENTO AUTO SALES, INC | | | | | |
| Principal Place of Business 23800 STATE ROAD 46 SORRENTO, FL 32776 | | | Mailing Address 1003 WYOMING CT OCOE, FL 34761 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-3084536 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DAVILA, HUGO E 1003 WYOMING CT OCOE, FL 34761 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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 DAVILA, HUGO E 1003 WYOMING CT OCOE, FL 34761 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200081503422 11/03/06--01041--011 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DAVILA, HUGO E 1003 WYOMING CT OCOE, FL 34761 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT 06 | |
| 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:  | | | 10/31/06 Date Daytime Phone # | | |

2011/06