## 2007 FOR PROFIT CORPORATION REINSTATEMENT

2007 FOR PROFIT CORPORATION REINSTATEMENT					42	, `	
	MENT # P050001112	400		<i>₫</i> ` FII	ED		
1. Entity Nam N.C. AUT	O SALES CORP				07 OCT 17		
					•		
Principal Place of Business 8206 N. ARMENIA AVENUE		Mailing Address 8206 N. ARMENIA AVENUE		CALLAHASSEE, FLORIDA			
TAMPA, FL 33614 US		TAMPA, FL 33614 US					iner il leni
2. Principal Place of Business - No P.O. Box # 15 442 Martin Meda		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		071	NOTATERIER	**************************************	6-07
Dity & State		City & State		4. FEI Numb	1 N 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40	t Applicable
335°	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add	litional
,,,,	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
DEL VALLE, JOSEFINA 15442 MARTIN MEADOW DR			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
LITHIA, FL	33547						
			City		F		
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							
in accordance with s. 607.193(2)(b), F.S., the							
Fi	LE NOW!!! FEE IS \$300.00		<u> </u>		corporation did not rece	eive the prior n	notice.
10. TITLE	OFFICERS AND DI	RECTORS Delete	TITLE	ADDITIONS	/CHANGES TO OFFICERS A	ND DIRECTORS  Change	S IN 11
NAME STREET ADDRESS	DEL VALLE, JOSEFINA 15442 MARTIN MEADOW DR		NAME STREET ADDRESS		20011087	rossar rossar	⊒¥
CITY-ST-ZIP	LITHIA, FL 33614		CITY-ST-ZIP	10.	20011087 /17/0701006		
TITLE NAME		☐ Delete	TITLÉ NAME			☐ Change	Addition .
STREET ADDRESS DITY-ST-ZIP	11	28	STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	$\psi$	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS UITY-\$1-ZiP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLÉ NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
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: / lasquia Del Valle 7-11-2007							
	SHO ATURE AND TYPED OR PRI	NTEO NAME OF SIGNING OFFICER O	R DIRECTOR		Date	Daytime Phone #	