

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV - 6 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10312006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000127374 1. Entity Name EXACT AUTOMOTIVE SOLUTIONS, INC.			
Principal Place of Business 10101 W LANTANA RD LAKEWORTH, FL 33467		Mailing Address 10101 W LANTANA RD LAKEWORTH, FL 33467	
2. Principal Place of Business <u>7808 Okeechobee Blvd</u> Suite, Apt. #, etc <u>B</u>		3. Mailing Address <u>7808 Okeechobee Blvd</u> Suite, Apt. #, etc <u>B</u>	
City & State <u>West Palm Beach FL</u> Zip <u>33411</u> Country <u>USA</u>		City & State <u>West Palm Beach FL</u> Zip <u>33411</u> Country <u>USA</u>	
4. FEI Number <u>56-2533591</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRINNAN, BRIAN 10101 W LANTANA RD LAKEWORTH, FL 33467		7. Name and Address of New Registered Agent Name <u>Brian GRINNAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>5226 Canal Circle W</u> City <u>Lake Worth</u> FL <u>33467</u>	
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 <u>[Signature]</u> DATE <u>11-1-06</u> <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	PD GRINNAN, BRIAN 5226 CANAL CIRCLE WEST LAKEWORTH, FL 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRINNAN, BRIAN 7808 Okeechobee Blvd # B West Palm Beach FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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	<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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>11-1-06</u> Daytime Phone # <u>561-478 6323</u>	

11/7/06