

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000134930

1. Entity Name  
AUTOMOTIVE SHOWROOM TRAFFIC BUILDERS INC



Principal Place of Business  
175 KINGS HWY  
PUNTA GORDA, FL 33983 US

Mailing Address  
175 KINGS HWY  
PUNTA GORDA, FL 33983 US

2. Principal Place of Business  
175 Kings Hwy  
Suite, Apt. #, etc.  
Ste 914  
City & State  
Punta Gorda, FL  
Zip  
33983  
Country  
USA

3. Mailing Address  
175 Kings Hwy  
Suite, Apt. #, etc.  
Ste 914  
City & State  
Punta Gorda, FL  
Zip  
33983  
Country  
USA



10242006

REIN-P

CR2E098 (11/05)

4. FEI Number  
20-3573582

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ST CROIX, LARRY D  
175 KINGS HWY  
PUNTA GORDA, FL 33983

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
ST CROIX, LARRY D  
175 KINGS HWY  
PUNTA GORDA, FL 33983 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
200001352772  
10/31/06--01020-002 \$150.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/06  
Date  
06  
Daytime Phone #