2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000157512

Entity Name: KNAPPY'S AUTO CENTER INC.

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3762 59TH WAY N 3691 STATE ROAD 580 W ST PETERSBURG, FL 33710

SUITE A OLDSMAR, FL 34677

Current Mailing Address: New Mailing Address:

3762 59TH WAY N 3691 STATE ROAD 580 W ST PETERSBURG, FL 33710 SUITE A

OLDSMAR, FL 34677

FEI Number: 84-1696364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KNAPP, STEPHANIE M KNAPP, STEPHANIE M 3762 59TH WAY N 3691 SŤATE ROAD 580 W ST PETERSBURG, FL 33710 US SUITE A OLDSMAR, FL 34677 US

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: STEPHANIE MICHELLE KNAPP 01/08/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition KNAPP, STEPHANIE M KNAPP, STEPHANIE M Name: Name:

3762 59TH WAY N 2123 ARCADIA ROAD Address: Address: City-St-Zip: ST PETERSBURG, FL 33710 City-St-Zip: HOLIDAY, FL 34690

Title: VD Title: VD () Delete (X) Change () Addition KNAPP, CHUCK Name:

KNAPP. STEPHANIE M Name: 3762 59TH WAY N 2123 ARCADIA ROAD Address: Address: ST PETERSBURG, FL 33710 HOLIDAY, FL 34690 City-St-Zip: City-St-Zip:

Title: Title: SD () Delete SD (X) Change () Addition

KNAPP, JANET KNAPP, STEPHANIE M Name: Name: 3762 59TH WAY N 2123 ARCADIA ROAD Address: Address: City-St-Zip: ST PETERSBURG, FL 33710 City-St-Zip: HOLIDAY, FL 34690

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHANIE MICHELLE KNAPP PD 01/08/2007