2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000095395

LOOR, STEPHEN

73 LAKE ARBOR DRIVE

LAKE WORTH, FL 33461 PB

Name:

Address:

City-St-Zip:

Entity Name: FRED'S AUTO SERVICE INC

FILED Jan 09, 2009 Secretary of State

| Entity Nai | me: FRED'S <i>F</i> | AUTO SERVICE, INC. | | | |
|---|--|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 4538 WEY | UTO SERVICE MOUTH STRE RTH, FL 3346 | ÉT | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 4538 WEY | UTO SERVICE MOUTH STRE RTH, FL 3346 | ÉT | | | |
| FEI Number: | : 51-0594178 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 2669 FOR 104 | EST HILL BLVI | BERVICES, LLC D. . 33406 PB US | | | |
| | named entity see of Florida. | submits this statement for the | purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUR | RE: EDGAR F | RAMIREZ | | | |
| | Electron | ic Signature of Registered Ag | ent | Date | |
| | | 3(2)(b), F.S., the corporation did n Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () LOOR, WILFRI 1727 9TH AVE LAKE WORTH, | NUE NORTH | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () LOOR, GRACIE 1727 9TH AVE LAKE WORTH, | NUE NORTH | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | BISHOP, MARÍ 888 GACETA W | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | VP () | Delete | Title: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILFRIDO LOOR P 01/09/2009