2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000100356 FILED 1. Entity Name ALVARADO AUTO SALES, INC. 07 OCT 12 PH 12: 58 Principal Place of Business Mailing Address SCONLIANT OF STATE 4400 SW 44TH LANE 4400 SW 44TH LANE LALLAHASSEE, FLORIDA OCALA, FL 34474 OCALA, FL 34474 3404 NE Jacksonville Rd itra F132113 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 100520 PEINSTATEMENT (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANZA-HUBER, MAGDA Street Address (P.O. Box Number is Not Acceptable) 1107 E, SILVER SPRINGS BLVD. SUITE 2 - ---OCALA, FL 34470 City 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete THIE ☐ Change ALVARADO, FLORA NAME NAME 300110746863 STREET ADDRESS 4400 SW 44TH LANE STREET ADDRESS 10/12/07--01068--017 **158.75 OCALA, FL 34474 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THILE ☐ Change ☐ Addition SANCHEZ, TRINIDAD F NAME 4400 SW 44TH LANE STREET ADDRESS STREET ADDRESS OCALA, FL 34474 CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7P ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS 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 receivers frustee emptyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it SIGNATURE: 1015