## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000148811

Entity Name: AUTO PRO REPAIRS & TRANSMISSION, INC.

FILED Sep 26, 2007 Secretary of State

| Current Principal Place of Business:          |  |  | New Principal Place                         | New Principal Place of Business:             |  |
|---|--|--|---|--|--|
| 20 NW 2ND<br>HALLANDA                         | STREET<br>LE, FL 33009                                     | 1  |   |  |  |
| Current Mailing Address:                      |  |  | New Mailing Address                         | New Mailing Address:                         |  |
| 20 NW 2ND<br>HALLANDA                         | STREET<br>LE, FL 33009                                     | )  |   |  |  |
| FEI Number: 2                                 | 20-5986645   | FEI Number Applied For ( )   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |  | Name and Address o                          | Name and Address of New Registered Agent:    |  |
| MORRIS, R<br>20 NW 2ND<br>HALLANDA            |  | US   |   |  |  |
| The above r                                   |  | ubmits this statement for the  | purpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATUR                                      | E: RICHARD   | MORRIS   |   |  |  |
|   | Electron   | ic Signature of Registered Ag  | ent   | Date   |  |
|   |  | 8(2)(b), F.S., the corporation did n<br>Trust Fund Contribution ( ). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                       |  |  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PSTD ()<br>MORRIS, RICHA<br>20 NW 2ND STF<br>HALLANDALE, F | REET   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) 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.

SIGNATURE: RICHARD MORRIS PSDT 09/26/2007