2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000154159

Entity Name: CARCHOICE MOTORS, INC.

FILED Dec 04, 2008 Secretary of State

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

1631 S. FEDERAL HWY 1430 S ANDREWS AVE

SUITE #309 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33062

New Mailing Address: Current Mailing Address:

1631 S. FEDERAL HWY 1430 S ANDREWS AVE

SUITE #309 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33062

FEI Number: 20-8063918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BEN-SIMHON, GIL BEN-SIMHON, GIL 1631 S. FEDERAL HWY 511 SE 5TH AVE APT 2313

SUITE #309 POMPANO BEACH, FL 33062 US FORT LAUDERDALE, FL 33301 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: GIL BEN-SIMHON 12/04/2008

> 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

BEN-SIMHON, GIL BEN-SIMHON, GIL Name: Name: 1631 S. FEDERAL HWY #309 Address: 511 SE 5TH AVE APT 2313 Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: FORT LAUDERDALE, FL 33301

() Delete Title: VΡ Title: () Change () Addition

Name: KOBE, DAVID F Name: 7670 QUIDA DRIVE Address: Address: WEST PALM BACH, FL 33411 City-St-Zip: City-St-Zip:

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: GIL BEN-SIMHON **PRES** 12/04/2008