2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jul 23, 2009
Secretary of State

DOCUMENT# P07000037344

Entity Name: AMERICAN TRANSMISSION COMPLETE AUTO SERVICE, INC.

Current Principal Place of Business:

1511 HAVENDALE BLVD
WINTER HAVEN, FL 33880

New Principal Place of Business:

5129 RECKER HWY
WINTER HAVEN, FL 33880

Current Mailing Address:

1511 HAVENDALE BLVD
WINTER HAVEN, FL 33880

New Mailing Address:

5129 RECKER HWY
WINTER HAVEN, FL 33880

FEI Number: 30-0408756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MACRI, JOHN
1131 CEPHIA STREET
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

MACRI, JOHN
3301 MAGNOLIA AVE
INDIAN LAKE ESTATES, FL 33855 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: JOHN MACRI 07/23/2009
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:

Title: P ( ) Delete
Name: MACRI, JOHN
Address: 1131 CEPHIA STREET
City-St-Zip: LAKE WALES, FL 33853

Title: VP ( ) Delete
Name: GREENE, MICHAEL S
Address: 1136 CEPHIA STREET
City-St-Zip: LAKE WALES,, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MACRI, JOHN
Address: 3301 MAGNOLIA AVE
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

Title: ( ) Change ( ) Addition
Name:
Address:
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: JOHN MACRI P 07/23/2009
Electronic Signature of Signing Officer or Director Date