2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000040226

Address:

City-St-Zip:

7234 OVERLAND ROAD

ORLANDO, FL 32810 US

FILED Oct 22, 2008 Secretary of State

Entity Nan	ne: DOUBLE	EE AUTO TRANSPORT, INC.		•	
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	RLAND ROAD , FL 32810	US	7230 OVERLAND ROAD ORLANDO, FL 32810	US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	RLAND ROAD , FL 32810	US	7230 OVERLAND ROAD ORLANDO, FL 32810	US	
FEI Number:	20-8753964	FEI Number Applied For () FEI	Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of N	lew Registered Agent:	
7234 OVEF	GA, EDDY S RLAND ROAD , FL 32810	US	ALVARENGA, EDDY S 7230 OVERLAND ROAD ORLANDO, FL 32810	US	
The above in the State	named entity : of Florida.	submits this statement for the purpos	se of changing its registered o	ffice or registered agent, or both,	
SIGNATURE: EDDY ALVARENGA				10/22/2008	
Electronic Signature of Registered Agent				Date	
		3(2)(b), F.S., the corporation did not rece g Trust Fund Contribution ().	ive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () ALVARENGA, E 7234 OVERLAN ORLANDO, FL	ND ROAD	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	T () ALVARENGA, E 7234 OVERLAN ORLANDO, FL	ND ROAD	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name:	S ()	Delete	Title: () Name:	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.

Address:

City-St-Zip:

SIGNATURE: EDDY ALVARENGA P 10/22/2008