\$150.W

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000051726		62 6 T	FILED	
1. Entity Name MCGAULEY'S MOBILE AUTO SERVICES INC.				
		100000	2008 OCT 14 PM 3: 26	
Principal Place of Business Mailing Address 5737 BRAIT AVE P 0 B0X 9318 IACKSONVILLE, FL 32209 IACKSONVILLE, FL 3230		308	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business - No P.O. Box # 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			10142008 REIN-P CR2E098 (1/07)	
City & State City & State			4. FEI Number Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent	
WILLIAMS, ROWLAND V 1125-1 CESERY BLVD JACKSONVILLE, FL 32211				
		Street Add	Street Address (P.O. Box Number is Not Acceptable)	
		6411.	- 1 ARIENATON ROAD	
		City Ja	ck Sun VIIIE FL 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 Came V. Williams 10/14/08				
Signature, typed or printed name of registered a	gent and title if applicable. (NOT	E: Registered Agent signatur	e required when minestring) DATE	
FILE NOWID FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
1 ===	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME MCGAULEY, RODERICK L	☐ Delete	TITLE NAME	Change Addition	
STREET ADDRESS POBOX 9318 CITY-ST-ZIP JACKSONVILLE, FL 32208		STREET ADORESS CITY-ST-ZIP		
ITILE PT	□ Delete	TITLE	Change Addition	
MCGAULEY, RODERICK L		NAME STREET ADDRESS	T 10718/8191018/8010 ቋቋ/60 ሰጠ	
STREET ADDRESS P O BOX 9318 CITY-ST-ZIP JACKSONVILLE, FL 32208	- / •		33.33.33	
mı COO	☐ Delete	TILE	Change Addition	
-	WHITE, ALICE ESS P O BOX 9318		TINT	
CITY-ST-ZIP JACKSONVILLE, FL 32208		CITY-ST-ZIP	TOTATEMENT	
TITLE VPS NAME WHITE, ALICE	☐ Delete	TITLE NAME	REINSTATEMENT	
STREET ADDRESS P O BOX 9318		STREET ADDRESS	$\mathcal{O}(\mathcal{N}_{\mathcal{S}}(\mathcal{X}))$	
TITLE JACKSONVILLE, FL 32208	☐ Delete	CITY-ST-ZIP TITLE	Chador Addition	
NAME	∵ Deceie	NAME	Creation Administration	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-S1-ZIP		
TITLE	☐ Delete	IIITE	☐ Change ☐ Addition	
NAME Street adoress		NAME STREET ADDRESS		
CITY-ST-ZIP		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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like ampowinged.				
Land Walle OKN 12 11 18 Sec 321 11-				
SIGNATURE: 100 TYPED OR PROVITED NAME OF SIGNING OFFICER OR DIRECTOR DIRECT				