


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P07000085716</b>		
1. Entity Name <b>PRECISION AUTO SOUND, INC.</b>		

FILED

2009 SEP 25 PM 6:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>7175 LAKE WORTH ROAD LAKE WORTH, FL 33467</b>	Mailing Address <b>171 KENSINGTON WAY W. PALM BEACH, FL 33414</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>7175 Lake Worth Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>Lake Worth, FL 33467</b>
Zip	Country



09242009 REIN-P CR2E098 (1/07)

**REINSTATEMENT**  
FEE Number 26-1179646 Applied For Not Applicable

6. Name and Address of Current Registered Agent <b>RIVAS, JUAN V. 171 KENSINGTON WAY WEST PALM BEACH, FL 33414</b>	7. Name and Address of New Registered Agent Name <b>Benito Sagardia</b> Street Address (P.O. Box Number is Not Acceptable) <b>2061 Vinings Cir., Apt # 1414</b> City <b>Wellington</b> FL Zip Code <b>33414</b>
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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 **Benito Sagardia** DATE **9-24-09**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RIVAS, JUAN V.</b> <b>171 KENSINGTON WAY</b> <b>WEST PALM BEACH, FL 33414</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST &amp; D</b> <b>Benito Sagardia</b> <b>2061 Vinings Cir., Apt # 1414</b> <b>Wellington, FL 33414</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>RIVAS, DILENIA</b> <b>171 KENSINGTON WAY</b> <b>WEST PALM BEACH, FL 33414</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600161045356</b> <b>09/25/09--01018--013 **\$900.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: **Benito Sagardia** DATE **9-24-09** DAYTIME PHONE # **(561)906-1606**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR