2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2008
Secretary of State

DOCUMENT# P07000099358

Entity Name: SPECIALIZED ECU REPAIR INC

Current Principal Place of Business:

812 N OCEAN BLVD
305
POMPANO BEACH, FL 33062

New Principal Place of Business:

1160 N FEDERAL HWY
1016
FORT LAUDERDALE, FL 33304 14

Current Mailing Address:

812 N OCEAN BLVD
305
POMPANO BEACH, FL 33062

New Mailing Address:

1160 N FEDERAL HWY
1016
FORT LAUDERDALE, FL 33304 14

FEI Number: 26-0863090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAIN, JOSE M
812 N OCEAN BLVD
305
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

PAIN, JOSE M
1160 N FEDERAL HWY
1016
FORT LAUDERDALE, FL 33304 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: JOSE M PAIN 09/29/2008
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:

Title: P ( ) Delete
Name: PAIN, JOSE M
Address: 812 N OCEAN BLVD 305
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP ( ) Delete
Name: PAIN, JOSE M
Address: 812 N OCEAN BLVD 305
City-St-Zip: POMPANO BEACH, FL 33062

Title: S ( ) Delete
Name: PAIN, JOSE M
Address: 812 N OCEAN BLVD 305
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PAIN, JOSE M
Address: 1160 N FEDERAL HWY 1016
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VP (X) Change ( ) Addition
Name: PAIN, JOSE M
Address: 1160 N FEDERAL HWY 1016
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S (X) Change ( ) Addition
Name: PAIN, JOSE M
Address: 1160 N FEDERAL HWY 1016
City-St-Zip: FORT LAUDERDALE, FL 33304

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: JOSE M PAIN P 09/29/2008
Electronic Signature of Signing Officer or Director Date