## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000130870

Entity Name: PC AUTO DEALERS INC

FILED Jan 12, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|                                      |                                  |

704 S. DILLARD STREET WINTER GARDEN, FL 34787

Current Mailing Address: New Mailing Address:

704 S. DILLARD STREET WINTER GARDEN, FL 34787

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSARIO, ALEX

3756 SEMINOLE DRIVE

ODI ANDO FL 20012 LIS

APONTE, ALBERTO
17417 MARSH ROAD

NAINTER CARDEN FL 24787

ORLANDO, FL 32812 US WINTER GARDEN, FL 34787 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: ALBERTO APONTE 01/12/2009

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 APONTE, ALBERTO
 Name:

 Address:
 17417 MARSH ROAD
 Address:

 City-St-Zip:
 WINTER GARDEN, FL 34787
 City-St-Zip:

Title: VP ( ) Delete Title: S (X) Change ( ) Addition

Name:ROSARIO-CINGOZ, MILAGROSName:APONTE, LOTTÍENERAddress:3742 SEMINOLE DRIVEAddress:17417 MARSH ROADCity-St-Zip:ORLANDO, FL 32812City-St-Zip:WINTER GARDEN, FL 34787

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 APONTE, LOTTIENER
 Name:

 Address:
 17417 MARSH ROAD
 Address:

 City-St-Zip:
 WINTER GARDEN, FL 34787
 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: ALBERTO APONTE P 01/12/2009