


# 2011 FOR PROFIT CORPORATION REINSTATEMENT

# FILED

11 ~~SEP~~ 16 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P09000028258</b> 1. Entity Name H & M AUTO TRANSPORTING, INC.	
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Principal Place of Business 4908 SW 32ND TERRACE FORT LAUDERDALE, FL 33312	Mailing Address 4908 SW 32ND TERRACE FORT LAUDERDALE, FL 33312
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc

09152011 REIN-P CR2E098 (1/07)

City & State	City & State
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4. FEI Number	Applied For: <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  TURJEMAN, HANNA 4908 SW 32ND TERRACE FORT LAUDERDALE, FL 33312	7. Name and Address of New Registered Agent Name <u>MARIAN MELEASA</u> Street Address (P.O. Box Number is Not Acceptable) <u>4908 SW 32 Ter</u> City <u>Fort Lauderdale</u> FL <u>33312</u>
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 9-16-11

**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	P MELEASA, MARIAN 4908 SW 32ND TERRACE FORT LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP TURJEMAN, HANNA 4908 SW 32ND TERRACE FORT LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY ST ZIP	Hanna ALMAGOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4908 SW 32 Ter FT. Lauderdale FL 33312
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	000212188470 09/16/11--01004--006 **500.00
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	000212188470 09/16/11--01004--007 **400.00
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: *[Signature]* DATE: 9-16-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten initials]*