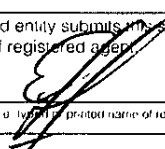
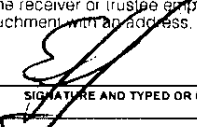


2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P09000093389 1. Entity Name E.D. AUTO TRANSPORT INC						FILED 10 NOV 12 AM 9:59 DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 137 ABACO DRIVE PALM SPRINGS, FL 33461 US				Mailing Address P.O. BOX 15313 WEST PALM BEACH, FL 33415 US			
2. Principal Place of Business - No P.O. Box # 1125 SE 8TH CT Suite, Apt. #, etc.				3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.			
City & State HIALEAH FL.				City & State			
Zip 33010		Country USA		Zip		Country	
6. Name and Address of Current Registered Agent FERNANDEZ, EMILIO 137 ABACO DRIVE PALM SPRING, FL 33461				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits the 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:  DATE: 11-12-10 Signature of individual or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$750.00 After January 1, 2011, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY- ST- ZIP P FERNANDEZ, EMILIO 137 ABACO DRIVE PALM SPRING, FL 33461 ☐ Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP 400187689334 11/12/10--01009--005 **250.00 ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP 400187689334 11/12/10--01009--006 **500.00 ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ 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: 						11-12-10 7863900132	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							