

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000081727

**FILED**  
**Oct 10, 2013**  
**Secretary of State**

**Entity Name:** CRUISERS AUTOMOTIVE CENTER C. CORP.

**Current Principal Place of Business:**

1416 OLD MOULTRIE ROAD  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

1416 OLD MOULTRIE ROAD  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 46-3661366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRESENTI, ANTHONY  
129 STRATFORD MILLS BLVD.  
APT. 302  
ST. AUGUSTINE, FL 32084 US

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

GEAR, HAROLD E  
550 SR 207  
ST. AUGUSTINE, FL 32084 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: HAROLD E GEAR

10/10/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CFO  
Name: GEAR, HAROLD E  
Address: 4 OCEANSIDE CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: P  
Name: GEAR, HAROLD E  
Address: 4 OCEANSIDE CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: VP  
Name: GEAR, HAROLD E  
Address: 4 OCEANSIDE CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

I hereby 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 all other like empowered.

SIGNATURE: HAROLD E GEAR

P

10/10/2013

Electronic Signature of Signing Officer or Director

Date