## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000013159  1. Entity Name ORANGE PARK AUTO SALES & SERVICE, INC.				
				SECRETARY OF STATE DIVISION OF CORPORATIONS
7233 BLANDING BLVD		Mailing Address 7233 BLANDING BLV JACKSONVILLE, FL 32	-	04 OCT 25 PM 2: 58
2. Principal Place of Business 3.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10202004 REIN-P CR2E098 (6/04)
City & State		City & State		4. FEI Number Applied For 59-3166540 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
	LIOT J I JOSE BLVD VILLE, FL 32257		Street Address	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
		or the purpose of changing i	ts registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accep
_	ions of registered agent.			
SIGNATURE.	Signature, typed or printed name of registered ager	t and title if applicable. (NC	OTE: Registered Agent signature requ	ulred when reinstating) DATE
	E NOWIII FEE IS \$150.00 luary 1, 2005, Fee will be \$300.	00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITILE NAME STREET ADDRESS CITY-ST-ZIP	D DARVISH, JOHN R 9020 LANHAM SEVERN RD LANHAM, MD 20706	Delete	TITILE NAME STREET ADDRESS CITY-ST-ZIP	300042165093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCK, HOWARD 7233 BLANDING BLVD JACKSONVILLE, FL 32244	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHORE, WILLIAM 7233 BLANDING BLVD JACKSONVILLE, FL 32244	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
TITLE, NAME STREET ADDRESS CITY-ST-ZIP	ST HOWARD, PATRICIA 7233 BLANDING BLVD JACKSONVILLE, FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS GITY-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 ☐ Addilio
indicated	on this report or supplemental report poration or the receiver or trostee empor or on an attachment with an address.	is true and accurate and that	t my signature shall have the of as required by Chapter 60 d.	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if

10/2500