2006 FOR PROFIT CORPORATION REINSTATEMENT

KEMOTATEMENT												
DOCUMENT # P94000017474							<u></u>	FILE				
AUTO AN		RAL INC.						06 FEB 27	/5 H:	t _{ke}		
Principal Place of Business Mailing Address						<u> </u>	_		r			
235 NW 27 AVE				773 NE 39 STREET			·		,			
FORT LAUDERDALE, FL 33311				OAKLAND PARK, FL 33334			1					
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2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02222006	REIN-P	CR2E09	8 (11/05)		
City & State				City & State			4. FEI Numbe 65-047				plied For t Applicable	
Zip	Country			Zip		try	5. Certificate of Status I		red S8.75 Additional Fee Required			
6. Name and Address of Curren				gistered Agent	<u></u>	7. Name and Address of New Registered Agent						
Name									<u></u>			
JAGLAL, DEODATT						Street Address (P.O. Box Number is Not Acceptable)						
773 NE 39 STREET OAKLAND PARK, FL 33334						Sheet Address (F.O. Dux natificer is not Acceptable)						
						City				Zip Code		
									FL			
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												
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										F.S., the lotice.		
10.		OFF	ICERS AND DI	RECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND [JIRECTORS	IN 11	
TITLE	P			☐ Defete	TITLE					☐ Change	☐ Addition	
NAME	JAGLAL, DEODATT					E						
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP	ي پ	000674 1/0601050	17 <u>6</u> 7	'9Q.		
	OAKLAND PARK, FL 33334						03/09	1/0601050				
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CITY-ST-ZIP	l l					-ST-ZIP						
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NAME	JAGLAL, S				NAM							
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TITLE				☐ Delete	TITLE	14_	311	VY		Change	Addition	
NAME STREET ADDRESS	l				MAM STRE	ET ADORESS						
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STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP		<i>*</i>				
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12. 1 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: D. Gaudlal DEDDAT JACLAL 222.06 SIGNATURE AND TOTAL DAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone *												
		SIGNATURE	AND NUED OR PRI	NIED NAME OF SIGNING OFFICER	OK DIREC.	IUK		Date	Day	time Phone *		