


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000039987		
1. Entity Name MACK THE MECHANIC, INC.		

Principal Place of Business 4400 DAVIE BLVD FORT LAUDERDALE, FL 33317	Mailing Address 4400 WEST DAVIE BLVD FORT LAUDERDALE, FL 33317
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2. Principal Place of Business 4400 DAVIE BLVD	3. Mailing Address 4400 DAVIE BLVD. Ext
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT LAUDERDALE, FLA.	City & State FORT LAUDERDALE, FL.
Zip 33317	Zip 33317
Country USA	Country USA

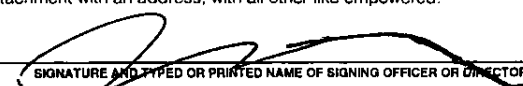
6. Name and Address of Current Registered Agent BUTLER, JOSEPH J 10300 NW 18 TH PLACE PEMBROKE PINES, FL 33026		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named 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	(NOTE: Registered Agent signature required when reinstating)	DATE
<p>FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00</p>		

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P BUTLER, JOSEPH J 4400 DAVIE BV FORT LAUDERDALE, FL 33317	TITLE	200081905872 11/17/06--01053--002 **\$150.00
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S FERNANDEZ, RENE 4400 DAVIE BLVD. FORT LAUDERDALE, FL 33317	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 11/6/06 Daytime Phone #

FILED
06 NOV 14 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10182006 REIN-P CR2E098 (11/05) 06

MTM
BAVARIA
AUTOMOTIVE

EUROPEAN

ASIAN

AMERICAN

Customer Confidentiality Strictly Enforced

Joe Butler
4400 Davie Blvd. Extension
Fort Lauderdale, FL 33317



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Ph: (954) 791-6806
Fax: (954) 791-6334

www.mtmbavaria.com
mackbav@bellsouth.net

11/06/06

Please be advised my payment for
\$150⁰⁰ DOLLARS, for my yearly fee was
mailed out in the beginning of April
of 2005. Up to just a couple of
weeks ago. I did not receive any
kind of notice of non-payment
for my fees. Please waive the
reinstatement fee. I am enclosing with
this letter a check for \$150⁰⁰ for
my fees.

Thank you
very much.