

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000054702

1. Entity Name  
THE AUTO BUFF, INC.



Principal Place of Business  
8529 SOUTHPRK CIR  
STE 130  
ORLANDO, FL 32819

Mailing Address  
1716 MIZELL AVENUE  
WINTER PARK, F; 32789

2. Principal Place of Business  
8427 Southpark Cir  
Suite, Apt. #, etc.  
STE 170

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
ORLANDO FL

City & State

Zip  
32819

Country  
ORANGE

Zip

Country

02242005 REIN-P CR2E098 (6/04)

4. FEI Number  
59-3359122

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

AINSWORTH, MARION  
1716 MIZELL AVENUE  
WINTER PARK, FL 32789

## 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 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

*Marion Ainsworth*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/05

DATE

FILE NOW!!! FEE IS \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
CSERCSEVITS, MARTIN JR  
1402 CARLSON ST  
ORLANDO, FL 32804 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MARION Ainsworth ☒ Change ☐ Addition  
1716 MIZELL Ave.  
WINTER PARK FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary-Treasurer ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900050750739 ☐ Change ☐ Addition  
04/14/05--01015--008 \*\*\*900.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
REINSTATEMENT 04-05 ☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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:

*Marion Ainsworth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05

Date

Daytime Phone #

FILED

05 MAR 30 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

