

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000080144

**FILED**  
**Oct 11, 2010**  
**Secretary of State**

**Entity Name:** SPLIT IMAGE AUTOMOTIVE SERVICES, INC.

**Current Principal Place of Business:**

525 FOREST HILL BLVD  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

525 FOREST HILL BLVD  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

**FEI Number:** 65-0779317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERRIOS, JUSTINO  
4929 MCCONNELL STREET  
LAKE WORTH, FL 334633417 US

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

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: MARIA L. BERRIOS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BERRIOS, JUSTINO  
Address: 4929 MCCONNELL STREET  
City-St-Zip: LAKE WORTH, FL 334633417

Title: ST  
Name: BERRIOS, MARIA L  
Address: 4929 MCCONNELL STREET  
City-St-Zip: LAKE WORTH, FL 334633417

Title: V  
Name: BERRIOS, ALEJANDRO L  
Address: 3856 DALE ROAD  
City-St-Zip: PALM SPRINGS, FL 33406

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: MARIA L. BERRIOS

ST

10/11/2010

Electronic Signature of Signing Officer or Director

Date