


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000040384		
1. Entity Name PAULLING'S AUTO, INC.		

Principal Place of Business 301 EAST NORTH BLVD. LEESBURG, FL 34748	Mailing Address P.O. BOX 095308 LEESBURG, FL 34789
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 301 E. NORTH BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Leesburg FL	City & State
Zip 34748	Country USA

REINSTATEMENT 08-09

6. Name and Address of Current Registered Agent PAULLING, KEVIN M 33919 VALENCIAL DRIVE LEESBURG, FL 34788	
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4. FEI Number 59-3510859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 <i>Kevin M. Paulling</i> Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)	DATE 3/21/09

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP PAULLING, KEVIN M 33919 VALENCIA DRIVE LEESBURG, FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PAULLING, KIMBERLY B 33919 VALENCIA DRIVE LEESBURG, FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAUTHEN, WILLIAM H 215 N. JOANNA AVENUE TAVARES, FL 32778 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	300147521143 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	03/26/09 01007 003 \$300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Kevin M. Paulling</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 3/21/09 Daytime Phone 352/315 4000

FILED
09 APR -7 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

