2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000042517

PERDOMO, JESUS

MIAMI, FL 33177

11820 SW 170TH STREET

Name:

Address:

City-St-Zip:

FILED Sep 17, 2007 Secretary of State

Entity Name: RENY'S AUTO SALES CORP.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
22825 S DI MIAMI, FL					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
13935 NW MIAMI, FL	1ST AVENUE 33168 US		174 NE 96 ST MIAMI, FL 33138 U	JS	
FEI Number:	65-0872576	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
NODARSE 19501 SW MIAMI, FL	129TH CT				
The above in the State		ubmits this statement for the pu	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: MERCY N				
	Electroni	c Signature of Registered Ager	nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () VALDEZ, FRANK 19722 S.W. 121 MIAMI, FL 3317	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () I NODARSE, MER 19501 SW 128 0 MIAMI, FL 3317	CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I NODARSE, ELEI 20200 SW 117TI MIAMI, FL 3317	Н СТ.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MERCY NODARSE VΡ 09/17/2007