

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000080395 1. Entity Name ADVANCED AUTOMOTIVE PROFESSIONALS, INC.						FILED 08 NOV -3 PM 2:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 12640 MCGREGOR BOULEVARD FT MYERS, FL 33919			Mailing Address 12640 MCGREGOR BOULEVARD FT MYERS, FL 33919						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			10272008 REIN-P CR2E098 (1/07)				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number 65-0871889				
City & State		City & State			Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country		6. Name and Address of Current Registered Agent RUFENER, GARY D 12640 MCGREGOR BLVD. FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
City & State		City & State		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY ST ZIP	PSTD RUFENER, GARY D <input type="checkbox"/> Delete 12640 MCGREGOR BOULEVARD FT MYERS, FL 33919				TITLE NAME STREET ADDRESS CITY ST ZIP	600137582348 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/03/08--01072--024 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUFENER, WILLIAM <input checked="" type="checkbox"/> Delete 12640 MCGREGOR BLVD FORT MYERS, FL 33419				TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUFENER, JONATHON <input type="checkbox"/> Delete 12640 MCGREGOR BLVD FORT MYERS, FL 33419				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"/> Delete				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"/> Delete				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"/> Delete				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: <u>Gary D. Rufener</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						10/27/08 (239) 481-6313 Date Daytime Phone #		11/4/08	