

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		7. Name and Address of New Registered Agent			
RUFENER, GARY D 12640 MCGREGOR BLVD. FORT MYERS, FL 33919				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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>									
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 12640 MCGREGOR BOULEVARD FT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	600137582348 11/03/08--01072--024 **150.00		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUFENER, WILLIAM 12640 MCGREGOR BLVD FORT MYERS, FL 33419	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUFENER, JONATHON 12640 MCGREGOR BLVD FORT MYERS, FL 33419	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/27/08 (239) 481-6313 <small>Date Daytime Phone #</small>		11/4/08			