2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2008
Secretary of State

DOCUMENT# P98000094062

Entity Name: NATIONAL DEALER SPECIALISTS, INC.

Current Principal Place of Business:

1706 WEST HILLS AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1706 WEST HILLS AVENUE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3545767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOX, MICHAEL A
701 S. HOWARD AVENUE
SUITE 203
TAMPA, FL 33606 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: MICHAEL KNOX

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: APPLE, HOLLY
Address: 1706 WEST HILLS AVENUE
City-St-Zip: TAMPA, FL 33606

Title: V ( ) Delete
Name: FRANCIS, MICHELLE R
Address: 14802 N. FLORIDA AVE., U-333
City-St-Zip: TAMPA, FL 33613

Title: V (X) Delete
Name: DAVIS, KIMBERLY R
Address: 901 S. BRUCE STREET
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: LIBERIO, JAMES M
Address: 1706 WEST HILLS AVENUE
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: HOLLY APPLE P 10/15/2008

Electronic Signature of Signing Officer or Director — Date