

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000096895

FILED
Dec 14, 2009
Secretary of State

Entity Name: GABE AUTO TECH, INCORPORATED

Current Principal Place of Business:

2441 SOUTH ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2441 SOUTH ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3542108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCH, GABRIEL O
1422 JECENIA BLOSSOM DR
APOPKA, FL 32712 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: GABRIEL LYNCH SR

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: LYNCH, SR, GABRIEL O PRES
Address: 1422 JECENIA BLOSSOM DR.
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: LYNCH, VIANA VPRES
Address: 1422 JECENIA BLOSSOM DR.
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: LYNCH, JR, GABRIEL DIR
Address: 217 BLUFF PASS DR.
City-St-Zip: EUSTIS, FL 32726

Title: T () Delete
Name: LYNCH, JOCELYN V TRES
Address: 1422 JECENIA BLOSSOM DR.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change () Addition
Name: WILLIAMS, JOCELYN V TRES
Address: 1422 JECENIA BLOSSOM DR.
City-St-Zip: APOPKA, FL 32712

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: GABRIEL LYNCH SR

Electronic Signature of Signing Officer or Director

PRES

12/14/2009

Date