2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000094230

Entity Name: PONCE USED CARS, INC.

FILED Mar 17, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3766 PALM BEACH BLVD. FORT MYERS, FL 33916

Current Mailing Address: New Mailing Address:

3766 PALM BEACH BLVD. FORT MYERS, FL 33916

FEI Number: 65-0965095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAFEI, JAMIE X VICEPRE

842 WEST CAPE ESTATES CIRCLE
CAPE CORAL, FL 33993 US

KAFEI, JAMIE X VICEPRE

842 WEST CAPE ESTATES CIRCLE
CAPE CORAL, FL 33993 US

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: JAMIE X. KAFEI 03/17/2008

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition KAFEI, KARIM KAFEI, KARIM PRESIDE Name: Name: 842 WEST CAPE ESTATES CIRCLE 842 WEST CAPE ESTATES CIRCLE Address: Address: City-St-Zip: CAPE CORAL, FL 33993 City-St-Zip: CAPE CORAL, FL 33993 Title: VΡ Title: VΡ (X) Change () Addition () Delete

Name: KAFEI, JAMIE X

Address: 842 WEST CAPE ESTATES CIRCLE

Address: 842 WEST CAPE ESTATES CIRCLE

City-St-Zip: CAPE CORAL, FL 33993 City-St-Zip: CAPE CORAL, FL 33993

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Title: () Delete Title: TREA () Change (X) Addition
Name: KAFEI, JAMIE X TREASUR
Address: Address: Address: 842 WEST CAPE ESTATES CIRCLE
City-St-Zip: CAPE CORAL, FL 33993

 Title:
 () Delete
 Title:
 SECR () Change (X) Addition

 Name:
 Name:
 KAFEI, KARIM SECRETA

 Address:
 Address:
 842 WEST CAPE ESTATES CIRCLE

 City-St-Zip:
 CAPE CORAL, FL 33993

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: JAMIE X. KAFEI VP 03/17/2008