WE NEVER RECEIVED ANY NOTICE OR FORM TO PAY THIS FEE TO DIVISION OF CORPORATIONS ENCLOSED PLEASE FIND CK FOR THE FEE. THANK YOU FOR YOUR UNDERSTANDING 10-19-04 John W Scroppo

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 OCT 20 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S80116

1. Entity Name
M.V.R. AUTO BROKERS, INC.

Principal Place of Business	Mailing Address
5008 GRAND BLVD NEWPORT RICHEY, FL 34652	1533 US HWY 19 HOLIDAY, FL 34691 US

10192004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
1533 US Hwy 19	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLIDAY FL.	City & State
Zip: 34691 Country: PASCO	Zip Country

4. FEI Number: 59-3079916 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETER V. PIPITONE 1533 U.S. HWY 19 HOLIDAY, FL 34691	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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After January 1, 2005, 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	ST PIPITONE, PETER V 1533 US HWY 19 HOLIDAY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEISS, ARTHUR 1533 US HWY 19 HOLIDAY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCROPPO, JOHN W 1533 US HWY 19 HOLIDAY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John W Scroppo 10-19-04 V.P
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

John W Scroppo V.P 727-942-4777