

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000053098 1. Entity Name FRANKIE'S AUTO SALES CORPORATION	
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FILED
 09 APR 20 PM 3: 26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 611 W TAYLOR ROAD STE A & B DELAND, FL 32720 US	Mailing Address 611 W TAYLOR ROAD STE A & B DELAND, FL 32720 US
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2. Principal Place of Business - No P.O. Box # 170 W Mansfield St Suite, Apt. #, etc. Suite 1	3. Mailing Address 170 W Mansfield St Suite, Apt. #, etc.
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City & State Deland FL	City & State Deland FL
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Zip 32720	County Volusia	Zip 32720	Country Deland
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6. Name and Address of Current Registered Agent PENA RIVERA, LYDIA 730 N CLARA DELAND, FL 32720	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>
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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: *Lydia Pena Rivera* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA-RIVERA, LYDIA	NAME	100144518911
STREET ADDRESS	730 N CLARA	STREET ADDRESS	02/26/09--01030--015 **150.00
CITY-ST-ZIP	DELAND, FL 32720	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	100144518911
STREET ADDRESS		STREET ADDRESS	02/26/09--01030--016 **8.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Lydia</i>	NAME	100144518911
STREET ADDRESS		STREET ADDRESS	04/21/09--01024--029 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Lydia Pena Rivera* Date _____ Daytime Phone # _____

* OF notice returned by P.O. - Re-fee waived.