PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JUL 32 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000022079180
08/05/03--01073--004 **1950.00

REINSTATEMENT 95-03

DOCUMENT # K72425

1. Corporation Name
COMPETITION IMPORTS. INC
4906 DYER BLVD
RIVIERA BEACH, FL 33407

2. Principal Office Address	3. Mailing Office Address
4906 DYER BLVD	4906 DYER BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RIVIERA BEACH FL	City & State: RIVIERA BEACH FL
Zip: 33407 Country: U.S.A	Zip: 33407 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3-9-89

5. FEI Number: 65-0110343 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CHARLIE MICHAELS
Street Address (P.O. Box Number is Not Acceptable): 4906 DYER BLVD
Suite, Apt. #, Etc.:
City: RIVIERA BEACH State: FL Zip Code: 33407

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Charlie Michaels Date:
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT, SECRETARY	CHARLIE MICHAELS	4906 DYER BLVD	RIVIERA BEACH FL 33407

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Charlie Michaels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 8/1