

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -7 PM 5:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000035027

1. Corporation Name

FREEPORT AUTO CENTER INC

2. Principal Office Address

17404 HWY 331 SOUTH

3. Mailing Office Address

P.O. BOX 748

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FREEPORT, FL

City & State

FREEPORT, FL

Zip

32439

Country

WALTON

Zip

32439

Country

WALTON

4. Date Incorporated or Qualified

To Do Business in Florida APRIL 03, 2000

5. FEI Number

59-3637071

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

JAMES H POPE

Street Address (P.O. Box Number is Not Acceptable)

17404 HWY 331 SOUTH

Suite, Apt. #, Etc.

City

FREEPORT

State

FL

Zip Code

32439

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

*James H. Pope*

REGISTERED AGENT MUST SIGN

Date

4/30/04

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
P	JAMES H POPE	17404 HWY 331 S.	FREEPORT, FL 32439
VP	James C Pope	17404 Hwy 331 S.	Freeport, FL 32439

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:

*James H. Pope*  
*James H. Pope, VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

(850) 835-4999

Daytime Phone #

CR2E081 (01/04)