FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 26 AM 10:21

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000115844

REINSTATEMENT 03-04

9/11/03 90093 035 $150.00
ED

1. Corporation Name

Brentwood Motor Cars, Inc.

2. Principal Office Address	3. Mailing Office Address
1580 Elizabeth Ln.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater FL	City & State
Zip: 33755 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10-25-2002

5. FEI Number: 52-2385493 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: Mary K. Passaris

000035543000l
05/05/04--01057--016 **150.00

Street Address (P.O. Box Number is Not Acceptable): 1580 Elizabeth Ln.

Suite, Apt. #, Etc:

City: Clearwater State: FL Zip Code: 33755

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: Mary K. Passaris Date: 4-23-04
REGISTERED AGENT MUST SIGN

CR1E051 (01-04)

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	Mary K. Passaris	1580 Elizabeth Ln.	Clearwater FL 33755
VP	Dimitrios Passaris	1580 Elizabeth Ln.	Clearwater FL 33755

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: Dimitrios Passaris 4-23-04 (727)-644-6369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #