

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 12 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000058731

1. Corporation Name

RUSH MOTORCARS INC.

800140361418
01/12/09--01051--008 **\$600.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 5571 N WINSTON PARK BLVD		3. Mailing Office Address the same	
Suite, Apt. #, etc. # 301		Suite, Apt. #, etc.	
City & State COCONUT CREEK		City & State	
Zip 33073	Country USA	Zip	Country

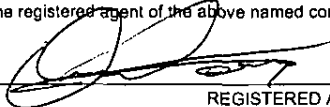
4. Date Incorporated or Qualified To Do Business in Florida 04/21/05	
5. FEI Number 80-0324709	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name OURIVAL AGUIAR			
Street Address (P.O. Box Number is Not Acceptable) 5571 N WINSTON PARK BLVD			
Suite, Apt. #, Etc. APT 301			
City COCONUT CREEK	State FL	Zip Code 33073	

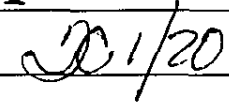
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  Date 01-06-09
REGISTERED AGENT MUST SIGN

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	OURIVAL AGUIAR	5571 N WINSTON PARK BLVD # 301	COCONUT CREEK FL 33073 FL 30

REINSTATEMENT 01-09


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 contained in Chapter 119, 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: OURIVAL AGUIAR  Date 01-06-09 Daytime Phone # 954 687 3709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR