

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

FILED Dec 31 1997 8:00 am Secretary of State

DOCUMENT # P95000075565

1. Corporation Name AUTO ADVISORS OF SOUTH FLORIDA, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business 10242 NW 47 STREET SUITE 4 SUNRISE FL 33351 US
Mailing Address 1830 SABAL PALM DRIVE APT 304 FORT LAUDERDALE FL 33324 US



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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
4. Date Incorporated or Qualified To Do Business in Florida 10/02/1995
5. FEI Number 65-0636303
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for REPPEN, DONALD.

000002392350--1
-01/07/98--01043--016
***750.00 ***750.00

8. Name and Address of Current Registered Agent
9. Name and Address of New Registered Agent

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: Donald J. Reppen
Date: Dec 29/1997

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [] No [X]

12. 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: Donald J. Reppen DONALD J. REPPEN Dec 29/97 (954) 748-2364

CR2E040 (8/97)