

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

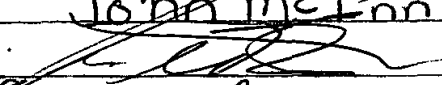
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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAY -7 PM 4:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900035764039 05/07/04--01073--024 **308.75	
DOCUMENT # P98000017799					
1. Corporation Name Ocala Auto Show, Inc.					
2. Principal Office Address 233 NW 10th St Suite, Apt. #, etc.		3. Mailing Office Address 233 NW 10th St Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 02/09/98	
City & State Ocala, FL		City & State Ocala, FL		5. FEI Number 59-3499515	
Zip 34475		Country US		6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Linda Sanchez					
Street Address (P.O. Box Number is Not Acceptable) 233 NW 10th St					
Suite, Apt. #, Etc. 					
City Ocala				State FL	Zip Code 34475
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 X Linda Sanchez				Date 4-30-04	
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		
PS	Sanchez, Linda	233 NW 10th St	Ocala, FL 34475		
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)(f), 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: X Linda Sanchez				Date 4-30-04 Daytime Phone # 352-732-9699	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CCE001 (01/04)

1/19/02

To Whom it May Concern,
I John McEnnis respectfully
request a Fee Waiver in regards
to the Corporation Reinstatement
of "Ocala Auto Show Inc." as
the required documents were sent
to our old address in error.

With great appreciation
John McEnnis

General Manager