PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM DAYchat

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -7 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/07/04--01073--024 **308.75

DOCUMENT # P98000012799

1. Corporation Name

Ocala Auto Show, Inc.

2. Principal Office Address	3. Mailing Office Address
233 N.W. 10th St	233 N.W. 10th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34475 Country: US	Zip: 34475 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 02/09/98

5. FEI Number: 59-3499515 ☐ 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: Linda Sanchez
Street Address (P.O. Box Number is Not Acceptable): 233 N.W. 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

CR2E081 (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
PS	Sanchez, Linda	233 N.W. 10th St	Ocala, FL 34475

FILED 05-04

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: X Linda Sanchez 4-30-04 352-732-9699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To Whom it May Concern,

I John McInnis 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 McInnis

General Manager