

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

01 FEB -5 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 198000076460
1. Corporation Name CAVALIER MOTORS, INC.

2. Principal Office Address 2512 E HWY 60
3. Mailing Office Address PO Box 290298

Suite, Apt. #, etc.

City & State Valrico FL Tampa FL

Zip 33594 Country USA Zip 33687 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/31/98

5. FEI Number 59-3531114
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 Dennis Galentine
Street Address (P.O. Box Number is Not Acceptable) 10936 N. 56th Street
Suite, Apt. #, Etc. Suite 201
City Temple Terrace State FL Zip Code 33617

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 [Signature] Date 1/31/01
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
Pres	Dave Mitchell	9816 N Hwy 301	Tampa FL 33637
V. Pres	Dennis Galentine	10936 N 56 th Street #201	Temple Terrace FL 33617

REINSTATEMENT [Signature]

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: [Signature] DAVE MITCHELL Date 1/31/01 Daytime Phone # 813-984-6937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR