



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| APPLICATION FOR REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;"> FILED 99 MAY 17 PM 12:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> <div style="text-align: center; margin-top: 20px;">  REINSTATEMENT </div> | |
| DOCUMENT # P96000087501 1. Corporation Name SELECT MOTORS 2001, INC. | | | | | |
| Principal Place of Business 105 AVENUE T. NORTHWEST WINTER HAVEN FL 33880 | | Mailing Address 105 AVENUE T. NORTHWEST WINTER HAVEN FL 33880 | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below | | | | | |
| 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip | | 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip | | 4. Date Incorporated or Qualified To Do Business in Florida 10/23/1996 5. FEI Number 59-3398070 Applied For Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | | | | \$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) | | | | | |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip | | |
| D | JOHNSON, AARON JR | 105 AVENUE T. NORTHWEST | WINTER HAVEN FL 33880 | | |
| D | JOHNSON, AARON SR | 105 AVENUE T. NORTHWEST | WINTER HAVEN FL 33880 | | |
| D | MILANO, JOHN AARON JOHNSON JR | 105 AVENUE T. NORTHWEST 105 Ave T. N.W. | WINTER HAVEN FL 33880 Winter Haven FL 33880 | | |
| | | | | 7000002892757--5 --06/02/99--01367--001 ***1058.75 ***1058.75 | |
| 8. Name and Address of Current Registered Agent JOHNSON, AARON JR 105 AVENUE T. NORTHWEST WINTER HAVEN FL 33880 | | | 9. Name and Address of New Registered Agent Name Aaron Johnson Jr Street Address (P.O. Box Number is Not Acceptable) 105 Ave T. N.W. Suite, Apt. #, Etc. City Winter Haven State FL Zip Code 33880 | | |
| 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 Aaron Johnson Date 5-11-99 REGISTERED AGENT MUST SIGN | | | | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) | | | | | |
| 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: Aaron Johnson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 5-11-99 (941) 294-0449 Date Daytime Phone # | | |

CR2040 (8/97)