PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

280727

FILED

OLHAR-4 AH 8: 26

OFFICE VENERAL FLORIDA

BROWARD AUTOMOTIVE ELECTRICAL SERVICE, INC.

Principal Place of Business
5791 PLUNKETT ST
5820 FUNSTON STREET
HOLLYWOOD FL 33023

Mailing Address
5791 PLUNKETT ST ***
5820 FUNCTON STREET
HOLLYWOOD FL 33023

					REINISTATES COMPA			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						ROAIC TO THE PORT	DIDI	
2. New Principal Office Address, If Applicable 3. New Mail 5791 PLUNKETT 5791			ing Office Address, If Applicable		Date Incorp To Do Busir	orated or Qualified ness in Florida	14/23/1965	
Suite, Apt. #, etc. Suite, Apt. #,					- 	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
City,& State City & State			≠ 3		5:~FEI Numbe	59-1035261	Applied For	
HOLLYWOOD, FL HOLLY			1 WOOD , FL		6.		Not Applicable	
Zip Country Zip 33023 USA 330			23 Count	ŠA	CERTIFICATE OF STATUS DESIRED 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 Ea Officer and/or Direct					
-4- P	MARCH, GUY	11010 NW 16TH COURT 5791 PLUNKETT ST # HOLLY WOOD, FL 33023						
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4								
	8. Name and Address of Current	Registered Age	ent	9. Name and Address of New Registered Agent				
			Name					
MARCH, GUY					O. Box Number	is Not Acceptable),		
5820 f	F unston stree t 5 791 Piun	KETT S	T. #	57911	LUNKET	T ST. #3		
MARCH, GUY -5820 FUNSTON STREET 5791 PLUNKETT ST. #5 HOLLYWOOD FL 33023 Street Addres 5791 Suite, Apt. #,								
				City		Sta	ate Zip Code	
				Hollywood FL 33023				
10. I, being	g appointed the registered agent of the abo	ve named corp	oration, am familiar w	vith and accept the o	bligations of Sect	ion 607.0505, F.S.		
	·		_]	
	04 6	/	1				,	
Signature of Manual						1-8	-04	
Registered Agent Date								
11. 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 filling 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.								

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2047272

Broward Automotive Electrical Service, Inc. 5791 Plunkett St. Bay #3 Hollywood, FL 33023

Document # 280727 Letter # 204A00003062

January 28, 2004

Florida Dept. of State Division of Corporations Annual Report / Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Dear Ms. Roberts: 1

Broward Automotive Electrical Service, Inc. requests a waiver of the reinstatement fee due to non-receipt of original/second notice uniform business report (UBR). Broward Automotive was not aware that these report were due/delinquent. (200/ - 2004)

Respectfully,

Mary E. Hicks, Accountant

Guy Maron President

Date