PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAY -4 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900075898089
06/07/06--01003--016 **1358.75

REINSTATEMENT 03-06

DOCUMENT # F03000004097

1. Corporation Name

Beacon Beach Automotive, Inc.

2. Principal Office Address	3. Mailing Office Address
6600 Cowpen Road	6600 Cowpen Road
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State Miami Lakes FL	City & State Miami Lakes, FL
Zip 33014 Country	Zip 33014 Country

up

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 134209333 ☐ 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: John Hickey, Esq

Street Address (P.O. Box Number is Not Acceptable): 6600 Cowpen Road

Suite, Apt. #, Etc.: 200

City: Miami Lakes | State: FL | Zip Code: 33014

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: John Hickey Date: 4/26/06
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
V	Barry Freider	6600 Cowpen Road	Miami Lakes, FL 33014
V	Andrews-Pfeifer	6600 Cowpen Road	Miami Lakes, FL 33014
S/T	David Yusko	6600 Cowpen Road	Miami Lakes, FL 33014

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 contained in Chapter 119, 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: 4/26/06 305-558-4075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #