


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		00 OCT -3 PM 4:35  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> F86660-					
1. Corporation Name Freedom Ford, Inc.					
Principal Place of Business <del>24825 US HWY 19 N</del> <del>Clearwater, FL 34623</del>		Mailing Address <del>24825 US HWY 19 N</del> <del>Clearwater, FL 34623</del>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 5401 E. Independence Blvd.		3. New Mailing Address, If Applicable 5401 E. Independence Blvd.		4. Date Incorporated or Qualified To Do Business in Florida 6-21-82	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2214873	
City & State Charlotte, NC		City & State Charlotte, NC		Applied For Not Applicable	
Zip 28212		Country US		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1	Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
					City/State/Zip
	President		B. Scott Smith		5401 E. Independence Blvd. Charlotte, NC 28212
	Vice Pres		Theodore M. Wright		5401 E. Independence Blvd. Charlotte, NC 28212
	Secretary		Stephen K. Coss		5401 E. Independence Blvd. Charlotte, NC 28212
	Director		O. Bruton Smith		5401 E. Independence Blvd. Charlotte, NC 28212
	Director		B. Scott Smith		5401 E. Independence Blvd. Charlotte, NC 28212
	Director		Theodore M. Wright		5401 E. Independence Blvd. Charlotte, NC 28212
8. Name and Address of Current Registered Agent					
9. Name and Address of New Registered Agent					
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324					
Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 300008454473 City 11/07/00-01018-009 FL Zip 758.75					
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 <u>Connie Bryan</u> <b>CONNIE BRYAN</b> Date _____ SPECIAL ASSISTANT SECRETARY					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>[Signature]</u> <b>(Vice) President</b> Date 1/29/00 Daytime Phone # 704-532-3320					