


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 25 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009198655
11/25/02--01028--018 **308.75

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J15723
1. Corporation Name
DAVID'S AUTOMOTIVE, INC.

2. Principal Office Address 1612 SW 3RD AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 1612 SW 3RD AVENUE Suite, Apt. #, etc.	
City & State Ft. LAUDERDALE FL		City & State FT. LAUDERDALE FL	
Zip 33315	Country USA	Zip 33315	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **05-22-1986**

5. FEI Number **592685547** 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

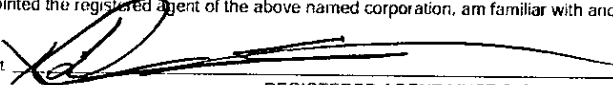
Name **DEAN S. FREEMAN**

Street Address (P.O. Box Number is Not Acceptable)
1612 SW 3RD AVENUE

Suite, Apt. #, Etc.

City **Ft. Lauderdale** State **FL** Zip Code **33315**

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.

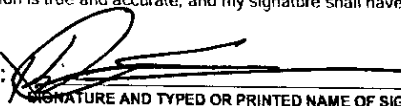
Signature of Registered Agent  Date **11/20/02**

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
D PST	DEAN S. FREEMAN	1612 SW 3RD AVENUE	Ft Lauderdale FL 33315

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:  **DEAN FREEMAN** 11/20/02 954-463-3815
Date Daytime Phone #

CR2E081 (9/01)

gr 11/27

David's Automotive, Inc.
1612 SW 3rd Avenue
Fort Lauderdale, FL 33315
(954) 463-3815 - (954)463-0846 fax

November 20, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement
David's Automotive, Inc. (#J15723)

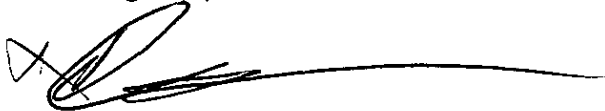
Dear Sir/Madam:

Pursuant to your pre-recorded message regarding Corporation Reinstatement, the purpose of this letter is to request a waiver of the \$600.00 reinstatement fee.

It was only recently brought to my attention that the corporation is inactive and I now wish to remedy that situation. I did not receive the previous two years Uniform Business Reports from the Division of Corporations, nor were they forwarded to the business address, which has not changed since 1994 when I took ownership of the corporation.

I have completed the required form and enclose herein payment for reinstatement of my corporation. If you have any questions, require any additional information, or any additional payment, please feel free to contact me.

Best regards,



Dean S. Freeman
President

DSF/slf

enclosures