

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p>95-9414</p> <p>FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>98 AUG -5 PM 2:36</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # J32020</p> <p>1. Corporation Name GERMAN-MOTORCARS-INC.</p>																															
<p>Principal Place of Business</p> <p>% ALOISIA TESSMANN 5555 W. LINEBAUGH AVENUE TAMPA FL 33624</p>		<p>Mailing Address</p> <p>% ALOISIA TESSMANN 5555 W. LINEBAUGH AVENUE TAMPA FL 33624</p>																													
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																															
<p>2. New Principal Office Address, If Applicable BERND K. TESSMANN Suite, Apt. #, etc. 3810 W. LINEBAUGH City & State TAMPA FL Zip 33624 Country</p>		<p>3. New Mailing Office Address, If Applicable BERND K. TESSMANN Suite, Apt. #, etc. 3810 W. LINEBAUGH City & State TAMPA FL Zip 33624 Country</p>																													
		<p>4. Date Incorporated or Qualified To Do Business in Florida 09/08/1986</p>																													
		<p>5. FEI Number 59-2725991</p>																													
		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>DP</td> <td>TESSMANN, ALOISIA</td> <td>11218 SHADY BROOK</td> <td>TAMPA FL</td> </tr> <tr> <td>DY</td> <td>TESSMANN, BERND K.</td> <td>11218 SHADY BROOK</td> <td>TAMPA, FL 33625</td> </tr> <tr> <td>D</td> <td>TESSMANN MAIK</td> <td>11218 SHADY BROOK</td> <td>TAMPA, FL 33625</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				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	DP	TESSMANN, ALOISIA	11218 SHADY BROOK	TAMPA FL	DY	TESSMANN, BERND K.	11218 SHADY BROOK	TAMPA, FL 33625	D	TESSMANN MAIK	11218 SHADY BROOK	TAMPA, FL 33625												
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<p>8. Name and Address of Current Registered Agent</p> <p>TESSMANN, ALOISIA 12844 COVERDALE DRIVE TAMPA FL 33624</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name BERND K. TESSMANN Street Address (P.O. Box Number is Not Acceptable) 11218 SHADY BROOK Suite, Apt. #, Etc. City TAMPA State FL Zip Code 33625</p>																													
<p>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.</p> <p>Signature of Registered Agent <i>Bernd K. TESSMANN</i> Date 21 MAY 1999</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																															
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																															
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																															
<p>13. 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.</p>																															
<p>SIGNATURE: <i>MAIK TESSMANN</i> MAIK TESSMANN 05/21/99 813-960-2288</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																															

CDE040 (8/95)

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From the desk of:
David Bankston

Date: August 3, 1999

To: Kristen Eckel
Florida Department of State

Re: German Motorcars, Inc. - Reinstatement

Per our conversation of last week, please find enclosed a check in the amount of \$865.00 for reinstatement of the above referenced corporation. We are asking for a waiver of the late fees due to the fact that German Motorcars, Inc. moved its physical location in 1995 and, to the best of the owner's knowledge, did not receive the annual report from the state. The owners are very conscientious about filing the necessary forms and paying their bills. Now that I am working with them as their accountant, I'll make sure they file timely in the future.

Thank you for your attention to this matter. If you have any questions or if further action is needed, please contact me at (813) 935-3861.

Thank you.