PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| 2. Principal Office Address 3. Mailing Office Address \$\frac{108}{16} \frac{02}{02} - 01055 - 004 \\ \$\pmu \pman \frac{108}{16} \frac{02}{02} - 01055 - 004 \\ \$\pmu \pman \pman \pman \frac{108}{16} \frac{108}{16} - 00105 \\ \$\frac{108}{16} - 00105 \\ \$\frac{108}{16 | | | - |
|---|--|--|---|
| For eign Car City, Inc. 2. Principal Office Address 5. 17. 5. DIVIC Hwy Suite, Apt. #, etc. 4. Date incorporated or Qualified 10 DIVI - 1988 Source, Apt. #, etc. 4. Date incorporated or Qualified 10 DIVI - 1988 5. FEI Number 65-0078072 Applied For 65-0078072 Not Applied For 65-0078072 The Applied For Status DESIREO TO STATUS | REINSTATEMENT | Katherine Harris Secretary of State | 02 AUG 16 PM 3: 59 |
| 2. Principal Office Address 3. Mailing Office Address 5. T. J. Olyle Huy Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To, Do Business in Florida. ID ILI = 1988 State Pompano Boh FL Zip Country Zip Country 7. Name and Address of Current Registered Agent Name Manuel Atchapahian Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Pompano Boh 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 Name of Officers and/or Directors Name of Officers and/or Directors P Manuel Achapahian Street Addresses of Each Officer and/or Directors Signature of Registered Agent of the above named corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Directors P Manuel Achapahian ST. D. | 1. Corporation Name | al City, Inc. | TALLAHASSEE, FLORIDA |
| Suite, Apt. #, etc. City & State City & State City & State City & State State To, Do Business in Florida Do 144 - 1988 State For Dot 72 Applied For Not Applicable State Status DESIRED State Suite Apt. # Applied For Not Applicable To Name and Address of Current Registered Agent Name Manuel #Chapahan Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Pompano Bch State Zip Code FL 33060 State Zip Code FL Date Registered Agent Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip P Manuel Achapahian 517 5. Directory P Manuel Achapahian Suite, Apt. # Date City / State / Zip P Manuel Achapahian Sireet Addresses of Each Officer and/or Director City / State / Zip P Manuel Achapahian Sireet Address of Each Officer and/or Director Officer and/or Director City / State / Zip | 2. Principal Office Address | 3. Mailing Office Address | 1000072306318 -08/16/0201055004 ***2143.75 ***2108.75 |
| State Pompano BCh FL State Sta | | | 4. Date Incorporated or Qualified |
| 2ip Country 33000 Country Country Country 6. CERTIFICATE OF STATUS DESIRED IX 8.75. Name and Address of Current Registered Agent Name Hanuel Achapahian Street Address (P.O. Box Number is Not Acceptable) 517 3. Divie Huy Suite. Apt. #, Etc. City Pompano Bch 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 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 Officer and/or Directors Phanuel Achapahian 517 3. Divie Huy Pompano Bch, FL | City & State Pompano Bch FL | City & State | 5. FEI Number Applied For |
| Name Manuel Achapahian Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Pompano Bch 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 X 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 Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P Manuel Achapahian 517 3. Divie Hwy Pmpano Bch, FL | | Zip Country | 6\$8.75_ Additional For required |
| Manuel Achapahian Street Address (P.O. Box Number is Not Acceptable) 517 9. DIXIC HWY Suite, Apt. #, Etc. City Pompano Bch 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 X 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 Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) PManuel Achapahian 517 3. Divie Hwy Pompano Bch, FL | | 7. Name and Address of Current Register | red Agent |
| Signature of Registered Agent Registered Agent Nust Sign 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director P Manuel Achapahian 517 5. Diviethwy Pompano Buch, Pl | Street Address (P.O. Box Number is N 517 0. DN) Suite, Apt. #, Etc. City Pompano Bd | ot Acceptable) | FL 33060 |
| Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City/State/Zip P Manuel Achapahian 5173. Diviethwy Pompano Bch, FL | Signature of Registered Agent X | Hacin | 0.10 |
| P Manuel Achapahian 517 3. Divie Hwy Pompano Bch, FL | 9. Names and Street Addresses of Each Officer and | Vor Director (Florida nonprofit corporations must list at lea | ast 3 directors) |
| | | | |
| | P Manuel Achapal | ian 517 3. Dixie Hw | 1 |
| , | | | 3304 |
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| 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. | this reinstatement application, the reason for dissi owed by the corporation have been paid and the i | olution has been eliminated, the corporate name satisfies names of individuals listed on this form do not qualify for a | the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated |
| | | _ | 7/22/02 954-942-1409 |

PS Staloz