PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 17 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K38791

1. Corporation Name:

MANNYS FOREIGN CAR CITY INC

05-06

000081894660
11/17/06--01013--002 **900.00

CR2E081 (12/05)

2. Principal Office Address		3. Mailing Office Address	
517 S DIXIE HWY		517 S DIXIE HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: POMPANO BEACH FL		City & State: POMPANO BEACH FL	
Zip: 33060	Country: USA	Zip: 33060	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/14/88

5. FEI Number: 65-0078072 ☐ 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: MANUEL ACHAPAHIAN

Street Address (P.O. Box Number is Not Acceptable): 517 S DIXIE HWY

Suite, Apt. #, Etc.:

City: POMPANO BEACH | State: FL | Zip Code: 33060

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: [signature] REGISTERED AGENT MUST SIGN Date: 11/09/2006

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
P	MANUEL ACHAPAHIAN	517 S DIXIE HWY	POMPANO BEACH FL 33060

11/17

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: [signature] MANUEL ACHAPAHIAN 11/09/2006 954-942-1409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #