PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | TOURETARY OF STATE VISION OF CORPORATION O4 JAN -5 PM 2: 10 | | | | | | | | |
|---|---|----------|---|---------------------|---|--|---|---|--|-------------------------|---------------|----------------|-----------|--|
| DOCUMENT # L13208 1. Corporation Name | | | | | | | | | . | | | | | |
| Shoreline Autos, Inc. | | | | | | | X. | REIN | STA | | | WT C | 72-01 | |
| 8401 | I Office Addres | | ay 301 | 8401 N | 3. Mailing Office Address 8401 North Highway 301 | | | | 800025942268 01/05/0401002012 **450.00 | | | | | |
| Suite, Apt. # | r, etc. | | | Suite, Api. #, | Suite, Apl. #, etc. | | | | 4. Date Incorporated or Qualified To Do Business in Florida 09/01/1989 | | | | | |
| City & State | A CONTRACT OF THE PARTY OF | | | City & State | | | | | | | _ | T | olied For | |
| Tampa, Florida | | | | Tampa, Florida | | | | 5. FEI Number Applied For 59-2966198 Not Applicable | | | | | | |
| ^{Zip} 33637 | 3637 United States | | 33637 | United States | | | 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status | | | | | | | |
| | 7. Name and Address of Current Registered Agent | | | | | | | | | | | | | |
| | Name Marie Welch | | | | | | | | | | | | | |
| | Street Address (P.O. Box Number is Not Acceptable) 8401 North Highway 301 | | | | | | | | | | | | | |
| | Suite, Apt. | | | | | | |) | | | | | | |
| | City Tampa | | | | | | | | | State Zip Code FL 33637 | | | | |
| 6. I, being | appointed the | register | ed agent of the at | ove named corpo | ration, am | famillar with a | ind accept the o | bligations of section | on 607.050 | 5 or 61 | 7.0503, F.S. | | 9 | |
| Signature of 12/31/2003 | | | | | | | | | | | | Cocces (solin) | | |
| Registered . | Agent | | 1 | REGISTERED AG | · · · · · · · · · · · · · · · · · · · | Date . | | | | [§ | | | | |
| 9. Names | and Street Ad | Idresses | of Each Officer a | nd/or Director (Fic | orida nonpre | ofit corporation | ns must list at le | ast 3 directors) | | | | | | |
| Titles | tles Name of Officers and/or Directors | | | | Street Address of Eac Officer and for Directo | | | | | | | | | |
| PD · | Marie Welch | | | | 8401 | North High | Tampa, Florida, 33637 | | | | | | | |
| PD | Peggy Da'as | | | | 12311 Kelso Road | | | | Thonotosassa, Florida, 33592 | | | | | |
| | | | | | | | | | | , <u></u> | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 1 | |
| 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 filling 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 pay signature shall have the same legal effect as if made under oath. | | | | | | | | | | | | | | |
| SIGNATURE: Peggy Da'as 12/31/2003 (813)299-9816 SIGNATURE: Date Dayling Prione # | | | | | | | | | | | | 6 | | |

SHORELINE AUTOS, INC. 8401 North Highway 301 Tampa, Florida 33637

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

To whom it may concern:

Enclosed please find the corporation reinstatement for Shoreline Autos, Inc. The corporation was disolved in October, 2002, because the Annual Report was not filed with the Secretary of State. This occured because the Uniform Business Report was never received by Shoreline Autos, Inc. The P.O. Box listed as the last mailing address must have been closed at the time of mailing and therefore the UBR was not forwarded.

Sincerely,

Peggy Da'as

Vice President, Director