


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L22133			
1. Corporation Name LA CARIDAD AUTO SALES, INC.			
2. Principal Office Address 31001 NW 27 AVE		3. Mailing Office Address 31001 NW 27 AVE	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State MIRAMAR FL		City & State MIRAMAR FL	
Zip 33142	Country U.S.A.	Zip 33142	Country U.S.A.
4. Date Incorporated or Qualified To Do Business in Florida OCTOBER '89		5. FEI Number 05-0163748	
<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name EUREQUE LOPEZ			
Street Address (P.O. Box Number is Not Acceptable) 14610 SW 35 ST			
Suite, Apt. #, Etc. —			
City MIRAMAR		State FL	Zip Code 33027
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]		Date 11-01-01	
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
PRESIDENT	EUREQUE LOPEZ	14610 SW 35 ST	MIRAMAR, FL 33027
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: [Signature]		Date 11-01-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305-635-7933	

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CP2E081 (9/00)