

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS
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FILED

02 FEB 27 AM 12:11

SECRETARY OF STATE
TALLAHASSEE, FL 32301

DOCUMENT # L71609

1. Corporation Name

NATIONAL AUTO LABELING, INC.

00-02

REINSTATEMENT

2. Principal Office Address 4852 N. OCEAN STREET		3. Mailing Office Address 4852 N. OCEAN STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MAYPORT FLORIDA		City & State MAYPORT FLORIDA	
Zip 32233	Country US	Zip 32233	Country US

4. Date Incorporated or Qualified To Do Business in Florida 05/07/1990	
5. FEI Number 59-3020844	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
PORTER N. ABEL

Street Address (P.O. Box Number is Not Acceptable)
4852 N. OCEAN STREET

Suite, Apt. #, Etc.

City
MAYPORT

State
FL

Zip Code
32233

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, VS.

Signature of
Registered Agent

PORTER N. ABEL
REGISTERED AGENT MUST SIGN

Date FEBRUARY 22, 2002

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
D/P	PORTER N. ABEL	4852 N. OCEAN STREET	MAYPORT FLORIDA 32233

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:

PORTER N. ABEL, PRESIDENT

Date

Daytime Phone #

904 246 8929
8929

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