


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 83186

1. Corporation Name
KARAPHILLIS MOTORS, INC.

2. Principal Office Address
4270 RIVER BIRCH DR.

Suite, Apt. #, etc.

3. Mailing Office Address
PO BOX 6089

Suite, Apt. #, etc.

City & State
SPRINGHILL, FL

City & State
SPRINGHILL, FL

Zip
34607 Country

Zip
34611 Country

APPROVED AND FILED

04 NOV 10 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

4. Date Incorporated or Qualified To Do Business in Florida
6/25/1990

5. FEI Number
593019999

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
NICHOLAS M. KARAPHILLIS

Street Address (P.O. Box Number is Not Acceptable)
4270 RIVER BIRCH DR.

Suite, Apt. #, Etc.

City
SPRINGHILL

State
FL

Zip Code
34607

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 11.1.04

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
PS	NICHOLAS M. KARAPHILLIS	4270 RIVER BIRCH DR	SPRINGHILL FL 34607

000042637600
11/10/04--01046--019 **750.00

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)(l), 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 11.1.04 Daytime Phone # (727)638-9709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2081 (01/04)