

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAR -3 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M18230

1. Corporation Name
QUANTANARO AUTO SALES, INC.

10/27/04 60066 016-14508
REINSTATEMENT 04/05
[Signature]

2. Principal Office Address
3725 NW 117 ST. #21

3. Mailing Office Address
3459 W 75 PL

Suite, Apt. #, etc.

City & State
HIWLEAH GARDENS, FL *Hiwleah, FLORIDA*

Zip Country Zip Country
33018 DADE *33018 Dade*

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number *59-2555271* 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
VALLINA, KARINA E.

Street Address (P.O. Box Number is Not Acceptable)
3459 W 75 PLACE *400048187004*

Suite, Apt. #, Etc. *03/11/05--01006--012 **158.75*

City State Zip Code
HIWLEAH, FLORIDA *FL 33016*

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 _____ Date _____
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
DP	<i>VALLINA, JORGE</i>	<i>3459 W 75 PLACE</i>	<i>HIWLEAH GARDENS, FL</i>
DVP	<i>VALLINA, KARINA E.</i>	<i>3459 W 75 PLACE</i>	<i>HIWLEAH GARDENS, FL</i>

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: *Karina Vallina* *Karina E Vallina* *2/23/05* *(605) 8221632*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)

Federico Gonzalez, C.P.A.
Certified Public Accountant

1701 SW 98 Ave.
Miami, FL 33165
(305) 804-3848

February 23, 2005

Ms. Michelle Milligan
Department of State
Division of Corporation
409 East Gaines St.
Tallahassee, Florida 32399

Ref:
Guantanamo Auto Sales, Inc.
Doc. Num. M18230
Tax ID: 59-2555271
Form: Corporation Reinstatement
Period Ended: 2005

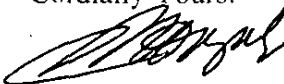
Dear Mrs. Milligan:

As per our phone conversation, we are included a check for \$158.75 to cover the annual report for year 2005. In addition you will find the corresponding corporate reinstatement form.

We already filed and pay the fees for year 2004, but due to an error by the Department of State Division was not been applied to our account.

We respectfully, request the immediate reinstatement of this corporation.

Cordially Yours:



Federico Gonzalez, CPA

CC: Karina Vallina
Vice President

10/27/04 - 2004 AR was filed on line w/o penalty due to non-receipt of prior notices - and charged \$150 - AR never went through -

* 10/27/04 - 2004 AR was filed on line w/o penalty due to non-receipt of prior notices - and charged \$150 - AR never went through -

