


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # M18358</b> 1. Entity Name <b>SOUTH MOTORS SUZUKI, INC.</b>	
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FILED  
08 NOV 17 PM 4:05  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>17920 S. DIXIE HIGHWAY MIAMI, FL 33157</b>	Mailing Address <b>17920 S. DIXIE HIGHWAY MIAMI, FL 33157</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <b>16165 S. DIXIE HIGHWAY</b> Suite, Apt. #, etc.
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11122008 REIN-P CR2E098 (1/07)

City & State <b>MIAMI, FL</b>	4. FEI Number <b>59-2804935</b>
Zip <b>33157</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>CAMACHO, CESAR 240 E FLAGLER ST MIAMI, FL 33131</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DASCAL, CHARLES <input type="checkbox"/> Delete 1801 SW 1ST ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HILTON, JOHN <input type="checkbox"/> Delete 16165 S. DIXIE HWY MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, LARRY J <input type="checkbox"/> Delete 1221 BRICKELL AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD VILLAMANAN, MANUEL <input type="checkbox"/> Delete 16165 S DIXIE HWY MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARIFF, JONATHAN <input type="checkbox"/> Delete 16165 S. DIXIE HWY MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARIFF, JACQUELINE <input type="checkbox"/> Delete 16165 S DIXIE HWY MIAMI, FL 33157

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;">                         400138008304                          11/17/08--01056--003 **150.00                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John A. Hilton, CFO      11/20/08      305-256-2317  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*11/17/08*