


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M18358		
1. Entity Name SOUTH MOTORS SUZUKI, INC.		

Principal Place of Business 17920 S. DIXIE HIGHWAY MIAMI, FL 33157	Mailing Address 17920 S. DIXIE HIGHWAY MIAMI, FL 33157
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 16165 S. DIXIE HIGHWAY Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL
Zip 33157	Zip 33157

6. Name and Address of Current Registered Agent CAMACHO, CESAR 240 E FLAGLER ST MIAMI, FL 33131	
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11122008 REIN-P CR2E098 (1/07)

4. FEI Number
59-2804935

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DASCAL, CHARLES 1801 SW 1ST ST. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400138008304 11/17/08--01056--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HILTON, JOHN 16165 S. DIXIE HWY MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, LARRY J 1221 BRICKELL AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD VILLAMANAN, MANUEL 16165 S DIXIE HWY MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARIFF, JONATHAN 16165 S. DIXIE HWY MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARIFF, JACQUELINE 16165 S DIXIE HWY MIAMI, FL 33157 <input type="checkbox"/> Delete	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 #