## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT			RIDA DEPARTMENT OF STATE Secretary of State Division of Corporations			OH JAN 27 AM II: 21			
DOCUMENT # RICKS USUD CARS INC.					SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA				
ا ماند	والمستراد المستحدية والمستحد المستحديد	سند - بيخ معامد،	جيمه سامتند د جه	معاب بالافتاحا	. <b></b>	عاسب مستنسب	عاليا بالمحتجيد	an residence of the second	
1404 BRACK BluD.		1 *	3. Mailing Office Address		REINSTATEMENT 25-04				
Suite, Apt. #, ētc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida				
City & State JACK	SONVILLY BEACH!	City & State			5. FEI Numbe		• • •	oplied For ot Applicable	
322	50 DUVAL	Zip 	Country		6.	OF STATUS DESIRED	\$8.75 Additiona for a Certifica		
7. Name and Address of Current Registered Agent Name									
	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #. Etc.  Suite, Apt. #. Etc.								
	City JACKSO1	vulle A	Reach			State Zip Code	50	-	
8. I, being a Signature of Registered A	appointed the registered agent of the	above named corporation  Mayuu	n, am familiar with and	d accept the ob	ligations of section	Date AM 2	03, F.S. 20,04	יייייייייייייייייייייייייייייייייייייי	
9. Names	and Street Addresses of Each Officer	and/or Director (Florida r	nonprofit corporations	s must list at lea	ast 3 directors)				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				y / State / Zip		
P. T.	BRADRICK L. P	RAZIYK	1404	BRACK	BluD BluD	JACKSON JACKSON	NULLAB	VALA A	
V5D	BRENDA J /	RAZIYR	1404	BYACK	BIVA	JACKSON	ully Beach	F13215	
	,								
this rein owed by on this a	that I am an officer or director or the instatement application, the reason for y the corporation have been paid and application is true and accurate, and I	dissolution has been elim the names of individuals I	inated, the corporate isted on this form do	name satisfies not qualify for a	the requirements in exemption unde	of section 607.0401 or	617.0401, F.S., tha	t all fees	
SIGNAT	TURE:	PRINTED NAME OF SIGNI	NO OFFICER ON DIREC	CTOR		Day Day	Daytime Phone #		

in the second second

## To whom It may concern 1/20/04

BRADRICK I. FRAIHA
PRES RICKS USED CAKS INC