PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TELAGE NEAD /	ALL INGTROOM	ONO BET ONE C	-	TO THIS FORM.	
CORPORATION REINSTATE MENT DIVISION OF TATE CORPORATION REINSTATE MENT DIVISION OF TATE CORPORATION DIVISION OF TATE A CORPORATION DIVISION OF TATE OF TATE A CORPORATION DIVISION OF TAME OF TATE OF			FILED 01 AUG 24 PM 2: 23		
DOCUMENT # M 8 4 4 4 0 1. Corporation Name			SEQUETARY OF STATE TAGEARASSEE, FLORIDA		
ECONOMY CARS OF DAYFONA, INC.					
2. Principal Office Address 1116 MASON AVE. 3. Mailing Office Address 1116 MASON AVE.			3000045734339 -09/06/0101112010 ****308.75 *****308.75		
DATTONA BEACHFL 3247 DATTONA BLACK FL. 32117					
Suite, Apt. #, etc.	e, Apt. #, etc.		4 Data Income	reted as Overlifted	
City & State	City & State		4. Date Incorporated or Qualified To Do Business in Florida 56 03 - 1988		
}} ´	\ \frac{1}{2}		5. FEI Number Applied For S9-3941845 Not Applied For		
DAYTONA BEACHFL	Zip	Country	6.		Not Applicable
32117 US-A.	32117	U.S.A.	CERTIFICATE		Additional Fee required Certificate of Status
7. Name and Address of Current Registered Agent					
JEROLD L. YANOWITZ					
Street Address (P.O. Box Number is Not Acceptable)					
1395 SURREY PARK DR.					
Suite, Apt. #, Etc.				L C	
PORT ORANGE				State Zip Code FL 32125	4
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 08 - 20 - 2001					
Registered Agent Date 03 - 200 Date 03 - 200					2001
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles Name of Street Address of Eac Officers and/or Directors Officer and/or Directors			City / State / Zip		
PRES 2					22124
TRES DEROLD 4. YANOWITZ 1395 SURREY PR. DR. PORT CRAWLE, FL.					
TREE JERNIA L. YANGUITE 1395 SWARY BY, DR. PART DRANGE EL					
801.25-AR					
10.00 - BRASTS					
88.75-AREUPP					
8.75-Cert					
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 filling 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 accurage, and my signature shall have the same legal effect as if made under path.					
SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR O8/20/01 386-252-414) Daytime Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					