
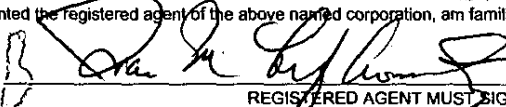
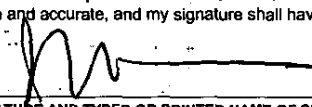


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M 85674			
1. Corporation Name COASTAL AUTO GROUP, INC.			
2. Principal Office Address 1012 South Hopkins Ave Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 6547 Suite, Apt. #, etc.	
City & State Titusville, Fla. 32780		City & State Titusville, Fla. 32780	
Zip 32780	Country Brevard	Zip 32780	Country Brevard
4. Date Incorporated or Qualified To Do Business in Florida 06-10-1988		5. FEI Number 59-2892710	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name IVAN M. LEFKOWITZ			
Street Address (P.O. Box Number is Not Acceptable) 430 North Mills Avenue			
Suite, Apt. #, Etc.			
City ORLANDO		State FL	Zip Code 32803
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 3-18-03	
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
P/S	Joseph W. Becker	1875 Sir Page Lane	Titusville, Fl. 32796
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: 		Date 03-18-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 321-383-4055	

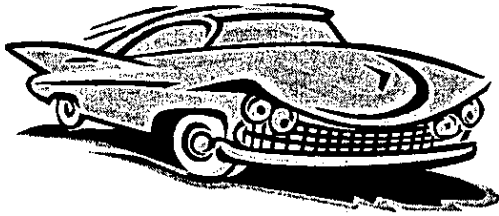
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (10/02)

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COASTAL AUTO GROUP dba SNIDERS TRUCK & AUTO SALES

1231 S. HOPKINS AVE.
TITUSVILLE, FL 32780

Phone 321-269-6807
Fax 321-269-0996

TO WHOM IT MAY CONCERN:

I am applying for reinstatement of
my corporation. I did not receive any
forms for renewal for 2002.

Sincerely,

Joseph W. Bodner
President