

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

774

FILED

99 DEC 29 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000774

Limited Liability Company's Name

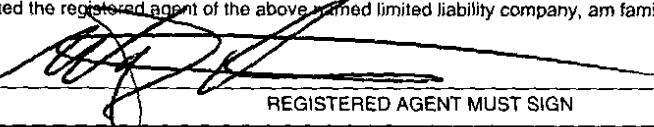
Golden Glades Automotive, L.L.C.

Principal Office Address 19390 NW 2nd Avenue Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33169	Country	Zip	Country

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida July 02, 1998	
6. FEI Number 52-2108280	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Pathman Lewis, P.A.		800003088098-5	
Street Address (P.O. Box Number is Not Acceptable) One Biscayne Tower		-01/05/00-01005-017 ****300.00 ****150.00	
Suite, Apt. #, Etc. 2 South Biscayne Blvd. Suite 2400			
City Miami,	State FL	Zip Code 33131	

I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent:  Date: December 27, 1999

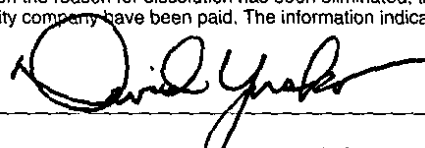
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
OWNER	Planet Automotive	2333 Ponce de Leon Blvd #600	Coral Gables, FL 33131

REINSTATEMENT

FF \$150.00

I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager:  Date: 12/27/99 Daytime Phone # 305-774-7690

Printed name of signing Managing Member/Manager: David Yusko