
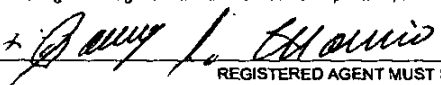



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> NO2000009643 <b>1. Corporation Name</b> NATIONAL AUTOMOTIVE TECHNICIANS ASSOCIATION, CORP		FILED 03 NOV 26 PM 9:00 TALLAHASSEE, FLORIDA	
<b>2. Principal Office Address</b> 6801 W 20 AVE <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b>  <small>Suite, Apt. #, etc.</small>	
<b>City &amp; State</b> HIALEAH, FLA		<b>City &amp; State</b>  	
<b>Zip</b> 33014	<b>Country</b>	<b>Zip</b>	<b>Country</b>
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11-7-03 01070 003 245 00 12-16-2002	
		<b>5. FEI Number</b> 65-1208777	<b>Applied For</b> Not Applicable
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> FANNY MARINO			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 6301 W 20 AVE			
<b>Suite, Apt. #, Etc.</b>			
<b>City</b> HIALEAH		<b>State</b> FL	<b>Zip Code</b> 33014
<b>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.</b>			
<b>Signature of Registered Agent</b> 		<b>Date</b> 11-05-03	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	FANNY MARINO	14520 STIRLING ROAD	SOUTHWEST RANCHES FLORIDA 33330
VP	NELSON MARTIN	5341 S.W. 160 AVE	SOUTHWEST RANCHES FLORIDA 33331
S	DESIDERIO GONZALEZ	8271 N.W. 167 TERR	MIAMI LAKES FLORIDA 33016
T	FERNANDO EDERY	185 EAST BAY RIDGE	WESTON, FLORIDA 33326
AD	JOSE FERNANDEZ	831 EAST 36 ST	HIALEAH FLORIDA 33013
<b>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.</b>			
<b>SIGNATURE:</b> 		<b>Date</b> 11/5/03	<b>Daytime Phone #</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CRCE051 (10/02)