

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 30 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006053

1. Corporation Name

Mopars of the Palm Beaches, Inc.

200008201652--6
-10/04/02--01027--020
****297.50 ****297.50

2. Principal Office Address 412 7th Ave North		3. Mailing Office Address 412 7th Ave North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Worth, FL		City & State Lake Worth, FL	
Zip 33460	Country USA	Zip 33460	Country USA

REINSTATEMENT 2001-2002

4. Date Incorporated or Qualified To Do Business in Florida 1/5/1995	
5. FEI Number 65-0544304	Applied For Not Applicable
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 Sarah Smedley
Street Address (P.O. Box Number is Not Acceptable) 12218 57th Road North
Suite, Apt. #, Etc.
City Royal Palm Beach
State FL
Zip Code 33411

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 Sarah Smedley Date 9/21/02
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
Pres.	Roland Duclos	412 7th Ave North	Lake Worth, FL 33460
Vice Pres.	Kevin Stutzman	510 Jefferson Dr Apt. 112	Deerfield Beach, FL 33442
Sec.	Sarah Smedley	12218 57th Road North	Royal Palm Beach, FL 33411
Treas.	Kim Romanelli	17715 38th Lane North	Loxahatchee, FL 33470
Supp. Arms	Ricky Smedley	12218 57th Road North	Royal Palm Beach, FL 33411
Act. Dir.	Richard Romanelli	17715 38th Lane North	Loxahatchee, FL 33470

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: Sarah Smedley 9/21/02 561-649-5486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)