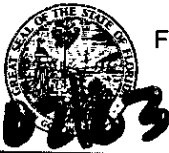


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
FILED

03 MAR 18 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000033381

**1. Corporation Name**

EXECUTIVE AUTOBROKERS OF  
PONTE VEDRA, INC

**2. Principal Office Address**

1597 THE GRASS WAY

Suite, Apt. #, etc.

SUITE 100

City & State

JACKSONVILLE, FL

Zip

32250

Country

USA

**3. Mailing Office Address**

125 DEER LAKE DR

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH

Zip

FL 32082

Country

USA

**4. Date Incorporated or Qualified To Do Business in Florida**

3-28-00

**5. FEI Number**

59-3633132

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MARIE T. BRAND

Street Address (P.O. Box Number is Not Acceptable)

125 DEER LAKE DR.

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

**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

*Marie T. Brand*

REGISTERED AGENT MUST SIGN

Date

3/15/03

**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
DEARLY PRESIDENT	MARIE T. BRAND	125 DEER LAKE DR	PONTE VEDRA BCH FL 32082

**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:

*Marie T. Brand*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/03

Daytime Phone #

(904) 318-9635

CR2E081 (10/02)

*Executive Autobrokers of Ponte Vedra, Inc.  
1597 The Greens Way  
Suite 100  
Jacksonville Beach, FL 32250*

March 13, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Enclosed, please find a completed reinstatement form with a check in the amount of \$308.75 to cover the cost of reinstatement and a Certificate of Status. I was unaware that the corporation had been dissolved and never received any form from the State of Florida to renew my status.

I respectfully request that you reinstate my corporation as soon as possible as I am renewing my license with the State of Florida as a Vehicle Dealer. I also ask that you waive any reinstatement fees as I never received any paperwork to renew, as stated above.

My mailing address is: 125 Deer Lake Drive, Ponte Vedra Beach, FL 32082. Should you have any questions regarding the enclosed please contact me at (904) 318-9635. Thank you for your assistance with this matter.

Yours truly,



Marie T. Brand-President

Enclosures