


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P00000048382</u>			
1. Corporation Name <u>BEST CHOICE AUTO SALES, INC.</u>			
2. Principal Office Address <u>4548 mile stretch</u>		3. Mailing Office Address <u>4548 mile stretch</u>	
City & State <u>HOLIDAY FL.</u>		City & State <u>HOLIDAY FL.</u>	
Zip <u>34690</u>	Country <u>PASCO</u>	Zip <u>34690</u>	Country <u>PASCO</u>

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

04 APR -7 AM 11:23

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida <u>5-11-2000</u>	Applied For <input type="checkbox"/>
5. FEI Number <u>59-3665428</u>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.75 Additional Fee required for Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>SALIM GINEM</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>7325 TROUBLE CR. RD. #912</u>	
City <u>NEW PORT RICHEY</u>	
State <u>FL</u>	Zip Code <u>34653</u>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent: [Signature] Date: 4-6-04

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.	SALIM GINEM	7325 TROUBLE CR. RD. #912	NEW PORT RICHEY FL. 34653
T	SALIM GINEM	7325 TROUBLE CR. RD. #912	N. P. R. FL. 34653
S.	SALIM GINEM	SAME ABOVE	
D	SALIM GINEM	SAME ABOVE	

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 118.07(3)(f), 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: [Signature] SALIM GINEM Date: 4-6-04 (727) 934-8146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CORPORATION (FIDUCIARY)

DOCUMENT #
P00000048382

BEST CHOICE
Auto Sales, Inc.
4548 Mile Stretch Dr.
Holiday, FL 34690
(727) 934-8146

4-5-04

To whome it may concern, please be advised that I moved 1/2 year ago from 8603 Wildaynd Ct. Odessa FL 33556, and I changed my mailing address to the same as principal address of the Corp. 4548 Milestretch DR. Holiday FL 34690. I did not receive my 2003 Corp. renewal. if you please waive the \$600. penalty I thank you very much.

X Salim Ginen
SALIM GINEM PRES.