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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 23 AM 8:00

REINSTATEMENT 03

100025732011
12/23/03--01050--010 **158.75

MRS

DOCUMENT # P000000049786

1. Corporation Name

Certified Auto World Inc.

2. Principal Office Address

1524 Ridgewood Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Holly Hill, FL

Zip

32117

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-19-2000

5. FEI Number

593646657

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

Richard E. Lade

Street Address (P.O. Box Numbers Not Acceptable)

1524 Ridgewood Avenue

Suite, Apt. #, Etc.

City

Holly Hill

State

FL

Zip Code

32117

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

[Signature]

Date

12/17/03

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	Richard E. Lade	1524 Ridgewood Avenue	Holly Hill, FL 32117

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/03

Date

(386) 671-7677

Daytime Phone #

CR2E081 (10/02)

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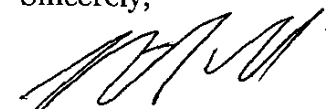
Certified Auto World, Inc.
1524 Ridgewood Avenue
Holly Hill, FL 32117
386-671-7677

To Whom It May Concern: *90034BR*

December 17, 2003

This letter accompanies our Corporation Reinstatement. I am asking for you to waive the late fee because we did not receive the original bill. Our business location has changed and I feel it was no ones fault of non payment. If you have any questions or problems with our request please don't hesitate to call. Thank you.

Sincerely,



Richard E Lade
President
Certified Auto World, Inc.