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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

04 SEP -3 AM 8:00

DOCUMENT # P00000066554

1. Corporation Name
PREMIER AUTO CARRIER CORP.

2818 S.W. 12th STREET
2818 S.W. 12th STREET

2. Principal Office Address
2818 S.W. 12th STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip Country
33135 USA

3. Mailing Office Address
2818 S.W. 12th STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip Country
33135 USA

REINSTATEMENT 03-04.
MRS

4. Date Incorporated or Qualified
To Do Business in Florida 07/12/2000

5. FEI Number
65-1023398

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
PEDRO M. LOPEZ

Street Address (P.O. Box Number is Not Acceptable)
2818 S.W. 12th STREET

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33135

500040872065
09/08/04--01066--005 ***30.00

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 9/1/04

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
PTD	PEDRO M. LOPEZ	2818 S.W. 12th STREET	MIAMI, FLORIDA 33135
SVD	JANETTE LOPEZ	2818 S.W. 12th STREET	MIAMI, FLORIDA 33135

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] PEDRO M. LOPEZ 9/1/04 305 389-3978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

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August 30, 2004

Florida Department of State
Division of Corporations
Ms. Ruby Dunlap
P.O. Box 6327
Tallahassee, Florida 32314

RE: PREMIER AUTO CARRIER CORP.
Document #P00000066554
Corporation Reinstatement

Dear Madam:

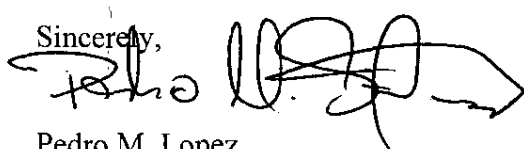
Enclosed find our Corporation Reinstatement Report and our check for \$300.00 for the filing fees for the year 2004 and 2003.

Please be advised that due to the change of mailing address, we never received the Uniform Business Reports in the mail. On this date, our accountant notified us that the reports had not been filed and needed to be filed immediately.

Our correct mailing address is: **2818 SW 12th Street**
Miami, Florida 33135

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,



Pedro M. Lopez
President