PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FURINGE / OF

COF	RPORATION	Ka Se	EPARTMENT OF STAT atherine Harris ecretary of State on of corporations		FILED 02 FEB 22 MI II: 43		
DOCUMENT # P00000105295" 1. Corporation Name					SECKETARY OF STATE TALLAHASSEE, FLORIDA		
M	Ack's Auto +	DIESE	1 INC				
2. Principa	al Office Address	3. Mailing Office	ce Address				
79	9-A N. Beal PKW	1	- A-+	_ millor	La good a	an son a	
Suite, Apt. i		Suite, Apt. #, et	с.		porated or Qualified iness in Florida		
City & State	- 1-10 - 1 -1	City & State		5. FEI Numbe	er	Applied For	
<i>1-7 WA</i> Zip	Country Country	Zip	Country		3678882	Not Applicable	
32	547	,		6. CERTIFICATI	E OF STATUS DESIRED (1937) Add	iditional Recrequired intificate of Status	
		7. Nar	me and Address of Current Regi	istered Agent			
Name Russ Ell & MACK 300005050163						E2_1	
	Street Address (P.O. Box Number is Not Acceptable)				<u>300005050163</u> +-1. -03/06/0201043024 ****150.00 ****1 9 0.00		
	2 Ray 13 P	TIM W	<u>/</u>	,	**************************************	***130.00	
- 4	City		<u> </u>		State Zip Code		
	Mary Esther	Train.	F (FL 32569		
8. 1, being	appointed the registered agent of the a	pove named corpora	tion, am familiar with and accept th	he obligations of secti	4	83 (9/00	
Signature o Registered	Agent // Laget		ć		Date 02/14/02	,	
0 N		REGISTERED AGEN	*	-4142 dis4\	<u>, , , , , , , , , , , , , , , , , , , </u>		
Titles	and Street Addresses of Each Officer a	nd/or Director (Florid	Street Address of I		Cit. I State 17:		
/ / / /	Officers and/or Directors		Officer and/or Director		City / State / Zi		
P	RUSSELL L MACK		2 ROYAI PAIN eT		MARY Esther	Fl 32569	
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				0 0 0	1		
			01-0	2 UB1			
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			_				
this rei awed t	y that I am an officer or director or the re- instatement application, the reason for di- by the corporation have been paid and the application is true and accurate, and my	ssolution has been e e names of individua	liminated, the corporate name sati ils listed on this form do not qualify	sfies the requirements for an exemption und	of section 607.0401 or 617.0401, F	S., that all fees	
SIGNA	TURE: MATURE AND TYPED OR	UNITED NAME OF SIG	SNING OFFICER OR DIRECTOR	02/80	4/02	hans #	
	SIGNATURE AND TIPED OR I	MINIED NAME OF SIG	MING OFFICER OR DIRECTOR		Date Daytime Pl	none#	

mach auto of Desil, Dre Page 20th Please find enclosed Corporation Reinstatement form, we received your letter plated 16/22/000/ and an 4/28/2001 and 9/28/2001 We mailed Copies We See report we ask that you remote the Corporation Withoutmore charges. (Copin enslured) We are also enclosing Checks for \$150 co for 2002 Busin