FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 30 AM 11:12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000011741

REINSTATEMENT 02-04

1. Corporation Name
Car Enterprises, Inc.

2. Principal Office Address	3. Mailing Office Address
4807 22nd Avenue South	4807 22nd Avenue South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, Florida	City & State: St. Petersburg, Florida
Zip: 33711 Country: USA	Zip: 33711 Country: USA

03/4/04 01021 028 #1,050.00

4. Date Incorporated or Qualified To Do Business in Florida: 01/30/2001

5. FEI Number: None — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent:

Name: Robert Molitor

Street Address (P.O. Box Number is Not Acceptable): 4807 22nd Avenue South

Suite, Apt. #, Etc.:

City: St. Petersburg | State: FL | Zip Code: 33711

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: Robert J. Molitor Date: 3.1.04
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
P/S/T	ROBERT J. MOLITOR	4807 22ND AVE. SOUTH	ST. PETERSBURG, FL. 33711

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: Robert J. Molitor 3-1-04 (727)327-1691
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR — Date — Daytime Phone #