## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGHILLS)FORM.

	RPORATION ISTATEMENT			TMENT OF ST y of State corporations	ATE		SEP 15 CORTABY LAHASSES		
DOCUMENT # P01000018128  1. Corporation Name						IV.	<u>almenti in in in ingala</u>	+ LUMDA	
Auto-Trek Car Carriers Incorporated									
2. Principal Office Address			3. Mailing Office Address			RENSTATEMENT or-o			
287 Lacewood Drive						n fit⊅as r	<b>្រោស្ត្</b>		
Suite, Apt.		117	Suite, Apt. #, etc.						
Unit 103, Suite 148						4. Date Incorporated or Qualified Feb. 19, 2001 To Do Business in Florida			
City & State			City & State			5. FEI Number Applied For			
Halifax, Nova Scotia, Can			<del>                                     </del>			65_1099615			Not Applicable
B3M 3	SY7 CAI	nada Nada	Zip	Country		6. CERTIFICAT	E OF STATUS DE		itional Fee required rtificate of Status
7. Name and Address of Current Registered Agent									
							044018 *:		
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 Pagent Registered Agent Registered Registered Registered Agent Registered R									
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						
P	Scott Brewer		1	287 Lacewood Dr. Uni Suite 148			103 Halifax, Nova Scotia B3M 3Y7 CANADA		
VP,S	John Hardy		<b>l</b> .	287 Lacewood Dr. Uni Suite 148		103	103 Halifax, Nova Scotia B3M 3Y7 CANADA		ia
							ļ <u>.</u>		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dat									

g 9/15

## Auto-Trek Car Carriers Incorporated 287 Lacewood Drive Unit 103, Suite 148 Halifax, Nova Scotia B3M 3Y7, Canada (902) 830-6658

September 10, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Auto-Trek Car Carriers Incorporated

Document No: P01000018128

## Dear Sir/Madam:

Please be advised that we never received a form for annual report for the years 2002 and 2003 and we wish to reinstate our corporate status with the State of Florida. Enclosed please find a Reinstatement form signed by our resident agent, Steven Garellek, and our check for \$300.00 for the reinstatement fee. Please note that our correct mailing address is:

Auto-Trek Car Carriers Incorporated 287 Lacewood Drive Unit 103, Suite 148 Halifax, Nova Scotia B3M 3Y7 Canada

Should you have any questions, please contact us.

Very truly yours,

Scott Brewer, President

Scott Brews