FILED D ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 03 JAN 24 AH H: 24 FLORIDA DEPARTMENT OF STATE CORPORATION SECRETATY OF STATE TALLAHASSEE, FLORIDA Katherine Harris REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS Auto Repair, Inc. **800010691968** 01/24/03--01035--004 **150.00 4. Date Incorporated or Qualified To Do Business in Florida liami 7. Name and Address of Current Registered Agent ^ՇMì ami State FL (9:01) 8. Externg 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. CR2E081 Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Titles City / State / Zip Officers and/or Directors **Miami** 10. Feefully 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. Hurther certify that when filling 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 oxed 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 or this application is true and accurate, and my signature shall have the same legal effect as if made under oath OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO. Daytime Phone #

December 13, 2002

UNIFORM BUSINESS REPORT DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

To Whom It May Concern:

AS PER OUR CONVERSATION I FILLED OUT A REINSTATEMENT FORM AND I APOLOGISE FOR INCONVINIENCE AND HOPEFULLY THIS WILL GET RESOLVE AS SOON AS POSSIBLE.

I HAVE INCLUDED A PAYMENT AS INSTRUCTED BY YOU.

Thank you,

Humberto Gonzalez