PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PRATION ATEMENT		Secretary	TMENT OF STATE of State orporations	DIVISIO	FILED RETARY OF STATE N OF CORPORATIONS N 10 PM 4: 17	
DOCUMENT # Pologo 3 348/ 1. Corporation Name							
2. Procipal Office Address 4265 E. 11th Avenue 4265 E. 11th Avenue					RENISTATEMENT 03-05		
Suite, Aut. #, etc Bays City & State	5\$6	.)	Suite, Apt. #, etc. Pays 5 City & Stafe	,		porated or Qualified iness in Florida 4/3/200/	
Hialea ^{Zip} 3301	3 Countr	orida 1.5.	HialeaH, 33013	Country U.S.	6.	1088939	Not Applicable Additional Fee required Certificate of Status
	Name Name Name Name Name No. How Have Z Street Address (P.O. Box Number is Not Acceptable) 19499 N. E. 10th Ave Null						
	uite, <u>Apt.</u> #, Etc. ity 	328 16 Mian	i Beach			State Zip Code	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN							
9. Names and	Street Addresses	of Each Officer and	Vor Director (Florida nonpro	fit corporations must list at le	est 3 directors) .	7	
Tires	Office	Name of rs and/or Directors	·	Street Address of Each Officer and/or Director		City_/, State / 2	Zip
Director	Rafael COMAS 6950 5.W. 3rdst				reef	Hollywood, Fl	., 33023
					01/16/	00444016 05-01026-001 004440163	*150.00
	· · · · · · · · · · · · · · · · · · ·				01/10/ 7 0		*150.00
	•				01/10	/0501026003	**150.00
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 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 even 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #							

Cars One Corp.



4265 E. 11th Avenue Bays 5&6 Hialeah, FL. 33013 Tel – 305-685-1968 Cell – 786-286-5751 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

05 JAN 10 PM 4: 18

December 28, 2004

Department Of State Division of Corporations 409 East Gaines Street Tallahassee, FL. 32399

To Whom It May Concern:

My name is Rafael Comas social security # 583-61-5346; I am the registered official (Director) of Cars One Corp Document number P01000033491. I have just learn the mentioned corporation status is inactive, this information came to me as a surprise do that I was totally unaware of this situation. I've never seen or received anything on behalf of your agency advising me of such situation, therefore I'll really appreciate in the event of any cruelled penalties to please for this occasion I'll like to use my right of waiver if any. Regarding the status of the corporation, attach please find three checks for the amount of \$150.00 payable to your agency for the immediate reinstatement for the 2003, 2004 and 2005 year. It is imperative for me to have this part of the business activated so I'll really appreciate a prompt respond to this plea. If any questions regarding this matter please feel free to contact me at the listed reference telephone numbers.

Sincerely,

Rafael E. Comas

Director

Cars One Corp.