

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p01000054316

1. Corporation Name
Auto Connection USA/Canada

4701 SW 45th Street
same

2. Principal Office Address
4701 SW 45th Street

3. Mailing Office Address
same

Suite, Apt. #, etc.
Bldg. 8 Bay 9

Suite, Apt. #, etc.

City & State
Davie, fl

City & State

Zip Country
33314 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida June 1, 2001

5. FEI Number
65-114-3636

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Romesh P. Katwaroo

Street Address (P.O. Box Number is Not Acceptable)
5901 NW 16 Court

Suite, Apt. #, Etc.

City
Sunrise

State Zip Code
FL 33313

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 Romesh Katwaroo
REGISTERED AGENT MUST SIGN

Date 8/11/04

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
owner	Romesh Katwaroo	5901 NW 16 Ct	Sunrise Fl 33313
			500040426565 08/23/04--01057--003 **450.00

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 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: Romesh Katwaroo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/11/04 Daytime Phone # 954 585-3844

CR2E081 (01/04)

August 11, 2003

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

Re: Corporation Reinstatement

Dear Sir/Madame:

As per my conversation with Tina, reinstatement fees will be waived because of return mail with incorrect address. Tina said my current payment due is \$450.00, which I am enclosing with this letter, Corporation Reinstatement Form and a check in the amount of Four Hundred Fifty Dollars (\$450.00). Thanking you in advance for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Romesh P. Katwaroo". The signature is fluid and cursive, with a large loop at the beginning and a long horizontal stroke at the end.

Romesh P. Katwaroo
4701 SW 45th Street
Sunrise, FL 33314
Phone/Fax 954-585-3844