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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-03

DOCUMENT # P01000074342

1. Corporation Name

SUNCOAST MERCEDES-BENZ DEALERS, INC.

2. Principal Office Address	3. Mailing Office Address
19820 U.S. HIGHWAY 19, N.	19820 U.S. HIGHWAY 19, N.
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: CLEARWATER, FLORIDA	City & State: CLEARWATER, FLORIDA
Zip: 33764 / Country: US	Zip: 33764 / Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 07/27/01

5. FEI Number: 59 3734539 — 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: WIGLER, MARC

Street Address (P.O. Box Number is Not Acceptable): 19820 U.S. HIGHWAY 19, NORTH

Suite, Apt. #, Etc.:

City: CLEARWATER — State: FL — Zip Code: 33764

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: _____ Date 06/30/03

REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
PTD	WIGLER, MARC	19820 U.S. HIGHWAY 19, N.	CLEARWATER, FLORIDA 33764
VPD	LAMPHIER, JOSEPH	19320 U.S. HIGHWAY 19, N.	CLEARWATER, FLORIDA 33764
SD	CUTERI, FRANK	19320 U.S. HIGHWAY 19, N.	CLEARWATER, FLORIDA 33764

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: _____, PRESIDENT — 06/30/03 — 727-530-1661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:
Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

CORPORATION REINSTATEMENT

SUNCOAST MERCEDES-BENZ DEALERS, INC.

Certificate of Status	1
Certified Copy	0
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