

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:29

SECRETARY OF STATE TALLAHASSEE, FLORIDA 700008782917 11/04/02--01063--016 \*\*750.00

DOCUMENT # P01000097427

1. Corporation Name CONDOS AUTO SALES, INC.

Principal Place of Business: 17971 SAN CARLOS BOULEVARD FORT MYERS BEACH FL 33931; Mailing Address: 960 SAN CARLOS COURT FORT MYERS BEACH FL 33931

REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable; 3. New Mailing Office Address, if Applicable; 4. Date Incorporated or Qualified To Do Business in Florida: 10/05/2001; 5. FEI Number: 65-1151261; 6. CERTIFICATE OF STATUS DESIRED [ ] \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entry: DPST, CONDOS, GREGORY R. A., 960 SAN CARLOS BOULEVARD COURT, FORT MYERS BEACH FL 33931

8. Name and Address of Current Registered Agent

WINESETT, RICHARD W 2248 FIRST STREET FORT MYERS FL 33901

9. Name and Address of New Registered Agent

Name, Street Address (P.O. Box Number is Not Acceptable), Suite, Apt. #, Etc., City, State (FL), Zip Code

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 10-26-02

11. 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] GREGORY A. CONDOS 941-872-1570 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #