


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000098371 1. Entity Name CENTURION AUTOMOBILE, INC.	
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FILED
04 OCT 29 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 514 NE 71 ST MIAMI, FL 33150	Mailing Address 514 NE 71 ST MIAMI, FL 33150
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 514 NW 71 st Street Suite, Apt. #, etc.
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10282004 REIN-P CR2E098 (6/04)

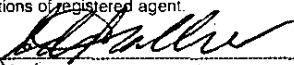
City & State MIAMI, FLA.	City & State MIAMI, FLA.	4. FEI Number 65-1142466	Applied For Not Applicable
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Zip 33150	Country MIAMI/DADE	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent JACKSON, WILLIE L 18800 NW 2ND AVENUE 221 MIAMI, FL 33169

7. Name and Address of New Registered Agent Name EDD WALLER Street Address (P.O. Box Number is Not Acceptable) 1506 NW 82 nd Street City MIAMI FL Zip Code 33147
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 10/28/04

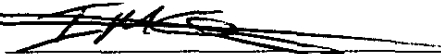
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FREEMAN, STEWART <input checked="" type="checkbox"/> Delete 100 LINCOLN RD, #1542 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete MCPHEE, IVAN 100 LINCOLN RD, #1542 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition IVAN MCPHEE 514 NW 71 st STREET MIAMI, FLA., 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800042314138 10/29/04--01052--020 **\$158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 10/28/04 (305) 757-8441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR