


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  **FLORIDA DEPARTMENT OF STATE**
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 MAR 17 AM 11:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000098371
1. Corporation Name
 CENTURION AUTOMOBILE INC

2. Principal Office Address 514 NW 71 STREET		3. Mailing Office Address 514 NW 71 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33150	Country	Zip 33150	Country

100013907551
 03/11/03--01011--013 **300.00

4. Date Incorporated or Qualified To Do Business in Florida 10/09/2001

5. FEI Number 65-1142466 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

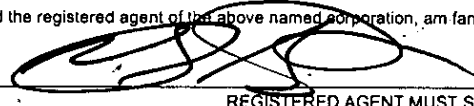
Name
WILLIE L JACKSON

Street Address (P.O. Box Number is Not Acceptable)
18800 NW 2ND AVENUE

Suite, Apt. #, Etc.
221

City MIAMI **State** FL **Zip Code** 33169

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** 2/28/03

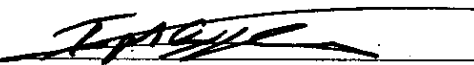
REGISTERED AGENT MUST SIGN

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
PST	STEWART FREEMAN	100 LINCOLN RD # 1542	MIAMI BEACH, FL 33139
V	IVAN MC PHEE	100 LINCOLN RD # 1542	MIAMI BEACH, FL 33139

02-03 UBR 178

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ **Daytime Phone #** _____

CR2E081 (10/02)

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February 28, 2003

To: The Department of State

Ref: Reinstatement for Centurion Automobile Inc.

As your records show we at Centurion Automobile Inc did not receive the 2002 Annual Uniform Business Report, because of an undeliverable address. We are request that our Corporation in the State of Florida be reinstated. As instructed by your department we are inclosing a check for \$ 300.00 for fees, \$ 150.00 for 2002 and \$ 150.00 for 2003, along with a completed reinstatement form.

Thanks for the helpful assistance from your department in this matter

Sincerely



Ivan McPhee, Vice President