

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P01000110406		
1. Corporation Name CARS TRUCKS AND SUVS INC.		
Principal Place of Business 3193 SHORELINE DRIVE CLEARWATER FL 33760		Mailing Address 3193 SHORELINE DRIVE CLEARWATER FL 33760
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		
2. New Principal Office Address, If Applicable <i>5028 U.S. 19 NORTH</i>		3. New Mailing Office Address, If Applicable <i>5088 U.S. 19 NORTH</i>
Suite, Apt. #, etc. <i>34652</i>		Suite, Apt. #, etc. <i>34652</i>
City & State NEW PORT RICHEY FL Zip 34652		City & State NEW PORT RICHEY FL Country PASCO
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least one officer)		
Title(s) 1	Name of Officers and/or Directors 2 PRES MICHAEL ANDOLINO	Street Address of Each Officer and/or Director 3 5028 U.S. 19
8. Name and Address of Current Registered Agent		
BRUNO, MICHAEL L 600 BYPASS DRIVE 115 CLEARWATER FL 33764		Name <i>MC</i> Street Address (F) <i>5028</i> Suite, Apt. #, Etc. <i>New</i> City <i>New</i>
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of my position.		
 SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN		

FILED

02 NOV 15 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida	11/19/2001
5. FEI Number 59-3756111	Applied For Not Applicable
6.	
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$6.75* 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)				
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip	
PRES	MICHAEL ANDOLINO	5028 US 19 NORTH	NEW PORT RICHEY FL 34652	
			000009013550 11/15/02--01011--013 **150.00	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
<p>BRUNO, MICHAEL L 600 BYPASS DRIVE 115 CLEARWATER FL 33764</p>		<p>Name <i>MICHAEL ANDOLINO</i> Street Address (P.O. Box Number is Not Acceptable) <i>5028 U. S. 19 NORTH</i> Suite; Apt. #, Etc. City <i>NEW PORT RICHEY</i> State <i>FL</i> Zip Code <i>34652</i></p>		

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

REGISTERED AGENT MUST SIGN

Date _____

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 REQUIRED~~

SIGNATURE BE AUTHORED

11-11-02

October 22, 2002

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

Re: P01000110406 Annual Report for Year 2002

To Whom it May Concern:

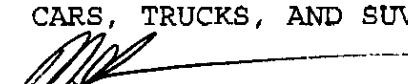
Enclosed please find our 2002 Uniform Business Report.

Our corporation moved in the first part of 2002, and also underwent a merger, and the first notice did not reach us in the mail.

Had we received it, we would have mailed it timely.

We request that you accept the report and remove the penalty. We have taken steps to insure that we will file the report on time in the future.

Sincerely,
CARS, TRUCKS, AND SUVS, INC


Michael Andolino
President