

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 24 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SPIRIT AUTO SALES INC.

2. Principal Office Address

2144 NW 19TH STREET

Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip

33063

Country

USA

3. Mailing Office Address

902 LAKE SHORE DRIVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/28/2001

5. FEI Number

30-0005072

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

DAVID EIGEN

Street Address (P.O. Box Number is Not Acceptable)

902 LAKE SHORE DRIVE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33444

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

David Eigen

Date 1/11/2003

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
P/S/D	DAVID EIGEN	902 LAKE SHORE DRIVE	DELRAY BEACH, FL 33063

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:

David Eigen

DAVID EIGEN

1/11/2003 561-274-3505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

jr 1/27



SPRIT AUTO SALES INC.



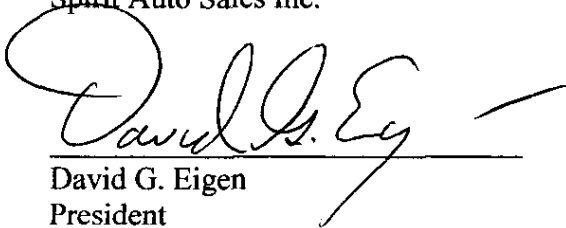
January 11, 2003

Florida Dept. Of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I never received any reports to file and contacted your office last week as to what was our status. I have had problems with mail delivery and have had my bank statements returned to the bank and had Auction letters returned for the same reason. The auctions had even temporarily suspended our account till we resolved this with them. I have requested an investigation with the Postmaster of my zip code. Since we had not received any forms or notices from you I was told to send this letter of explanation along with the filled out reinstatement form enclosed and include a check for \$300 +8.75 for the certificate of status, also is enclosed. Please reinstate our company.

Warm regards,
Spirit Auto Sales Inc.


David G. Eigen
President