PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | _ | FILED 04 DEC 13 PM 2: 05 | | |
|-------------------------------------|---|--|--|--|---|--|-----------------|--|
| 1. Corporat | IMENT # P ion Name S AUTO CENT | | 7 | | | SECRETARY OF STATE FALLAHASSEE, FLORIDA | | |
| 1068 IN | DUSTRIAL #2 | | | Water Marie To The Control of the Co | | | | |
| 1068 IN | Office Address DUSTRIAL #2 | | 34101 | 3. Mailing Office Address 9080 x 12093 NAPRS FL 34101 | | STATEMENT 03-C | | |
| Suite, Apt. #, etc. Suite, Apt. | | | | | 4. Date Incom | 4. Date Incorporated or Qualified To Do Business in Florida 01/08/2002 | | |
| City & State NAPLES | | | FLORIDA | | 5. FEI Numbe | 5. FEI Number Applied For Not Applicable | | |
| Zip 34104 | | | Zip | Country | | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | |
| , | 7. Name and Address of Current Registered Agent | | | | | | | |
| 8. I, being Signature of Registered | Suite, Apt. #, Etc. City appointed the regist | ered agent of the ab | | on, am familiar with and accept to | the obligations of secti | State Zip Code FL Zip Code ion 607.0505 or 617.0503, F.S. | CR2E081 (01/04) | |
| 9. Names | and Street Address | es of Each Officer a | nd/or Director (Florida | nonprofit corporations must list | at least 3 directors) | * | | |
| Titles | Offic | Name of cers and/or Director | s | Street Address of Each Officer and/or Director | | City / State / Zip | | |
| Р | NICANOR URRUTIA | | 2 | 2515 BECCA AV | | NAPLES, FL 34112 | : . | |
| 7 | - 162. | | | 1/2 | _い\(\^3 11404 | 00042474688 0042474688 0042474688 704-01034-021 **400.00 | | |
| | | | | | 11704 | 0401034021 **400.00 | | |
| this rei | nstatement application the corporation has application is true at | on, the reason for di ive been paid and th nd accurate, and my | essolution has been eli e names of individual signature shall have | minated, the corporate name sa | tisfies the requirement by for an exemption un | napter 607 or 617, F.S. I further certify that when filin ts of section 607.0401 or 617.0401, F.S., that all fee der section 119.07(3)(i), F.S. The information indicated the control of t | s | |