## PLEASE READ ALLENSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT  |   |              |                         | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS   |  |                |                           | ATE                   | FILED  05 FEB 17 PM 1: 21                                   |  |               |              |       |                       |                     |
|--|---|--------------|-------------------------|---|--|----------------|---------------------------|-----------------------|---|--|---------------|--------------|-------|-----------------------|---------------------|
| DOCUMENT # <sub>P02000011211</sub> 1. Corporation Name   |   |              |                         |   |  |                |                           |                       | Ĭ   | SEGNE<br>ALLAI   | LANT<br>IASSI | GH GTA       | ACIA  |                       |                     |
| Euro Auto Services, Inc.   |   |              |                         |   |  |                |                           |                       |   |  |               |              |       |                       |                     |
| 2. Principa  | I Office Addre  | 3. Mailing O | ffice Addres            |   |  |                |                           |                       |   |  |               |              |       |                       |                     |
| ·  |   |              | 2 Stree                 |   |  |                |                           |                       |   |  |               |              |       |                       |                     |
| Suite, Apt. #, etc.  |   |              |                         | Suite, Apt. #, etc.   |  |                |                           |                       | 4. Date Incorporated or Qualified To Do Business in Florida |  |               |              |       |                       |                     |
| City & State   |   | Flor         | ida                     | City & State Miami, Florida   |  |                |                           | -                     | 5. FEI Numbe  |  | JIIGa         | Jan.         | 1 1   | , 2002<br>Applied Far | -                   |
| Zip  | Miami, Florida  Country  33147 Dade   |              |                         | Zip   | , 110  | Country        |                           |                       | <u>75</u>   | -2988  | 8669          |              |       | Not Applicat          |                     |
| 33   |   |              |                         | 33147   |  | Dade           | <b>:</b>                  |                       | CERTIFICATE   | S8.75 Additional Fee requirements of States of |               |              |       |                       |                     |
|  | 7. Name and Address of Current Registered Agent  Name Ricardo. Quero Street Address (P.O. Box Number is Not Acceptable) 3082 N.W. 62 Street  Suite, Apt. #, Etc. Miami, Florida  City Miami, Flolrida  State Zip Code 33147 |              |                         |   |  |                |                           |                       |   |  |               |              |       |                       |                     |
| 8. I, being  |   |              |                         | ove named corpo   | ration, am f                                     | amiliar with a | nd acce                   | pt the obl            | igations of secti   | FL<br>on 607.05  |               |              |       |                       | (01/05)             |
| Signature of Registered Agent  |   |              |                         |   |  |                |                           |                       |   | Date   | Feb           | . 14,        | 200   | 5                     | <br>CR2E081 (01/05) |
| 9. Names   | and Street A  | ddresses o   |                         | nd/or Director (Flo   |  |                | ns must                   | list at leas          | st 3 directors)   |  |               |              |       | <del>,</del>          | -                   |
| Titles   |   | •            | Name of and/or Director |   | Street Address of Each<br>Officer and/or Directo |                |                           |                       | ,   |  |               | City / State | / Zip |                       |                     |
| PDT  | Ricar   | do Q         | uero                    | 3082 N.W. 62 St   |  |                | Str                       | reet Miami, Florida 3 |   |  |               |              | 3314  | 7                     |                     |
| DΤ   | Betty   | Sil          | va                      | 3082 N.W. 62 Str  |  |                | reet Miami, Florida 33147 |                       |   |  |               |              | 7     |                       |                     |
|  |   |              |                         | <u> </u>  |  |                |                           |                       | 30<br>02/28   | 100<br>105(  | 474<br>11081  | 1087<br>014  |       | :<br>158.75           |                     |
| ;  |   |              |                         |   |  |                |                           | _                     |   |  |               |              |       |                       |                     |
|  |   |              |                         | de la companya de la | 200  |                | 17                        | 03                    | <b>~0</b> 5   |  |               |              |       |                       |                     |
|  | · · · · · ·   |              |                         | I DECEMBED AS THE   |  |                |                           |                       |   |  |               |              |       |                       |                     |
| 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:  Ricardo Quero Feb. 14, 2005 786-277-3928 |   |              |                         |   |  |                |                           |                       |   |  |               |              | d     |                       |                     |
|  | · -··   | ICAL A TUDE  | AND TOURS OF D          | DINTED NAME OF  | MONINO OF  | FICED OR DID   | FATAB                     |                       |   | 5-1-   |               | - · ·        |       | <del></del>           | ı                   |