


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 182

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000020175			
1. Corporation Name BROWARD DIESEL & TRUCK CENTER, INC			
2. Principal Office Address 4200 HILLCREST DR		3. Mailing Office Address 4200 HILLCREST DR	
Suite, Apt. #, etc. 408		Suite, Apt. #, etc. 408	
City & State HOLLYWOOD		City & State HOLLYWOOD	
Zip 33021	Country US	Zip 33021	Country US
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 04-3604519	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name FRANK J MANCINI			
Street Address (P.O. Box Number is Not Acceptable) 2128 HOLLYWOOD BLVD			
Suite, Apt. #, Etc.			
City HOLLYWOOD		State FL	Zip Code 33020
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 <i>Frank J. Mancini</i>		Date 2/2/06	
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	SORINE SERBAN	4200 HILLCREST DR	HOLLYWOOD FL 33021
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 contained in Chapter 119, 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: <i>Sorine Serban</i>		Date 02.02.06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954-325-1193	

PS 2/2

Broward Diesel & Truck Center, Inc.
4200 Hillcrest Dr.
Hollywood, FL 33021

Thursday, 02/02/2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs:

I am enclosing a check in the amount of \$600.00 for the reinstatement of my corporation, Document # P02000020175. as per the instructions of your office. I have never received a notice from the state informing me that the corporation was being dissolved. (2603-2006)

Sorine Serban, president

Fiorello Income Tax Service