PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMO

CORPORATION REINSTATEMENT) 5	A DEPARTMENT OF STA Secretary of State VISION OF CORPORATIONS	ΤΕ			FEB -9 AM I ECRETARY OF S LAMASSEE FLI			
DOCUMENT # P02 0000 23 460 1. Corporation Name									
Car Finders of Tampa, Inc.									
2. Principal Office Address 4319 Waterford Landing Suite, Apt. #, etc.	office Address Nater ford Landing		FREINSTATEMENT 63-04						
Drive				4. Date Incorporated or Qualified 3/4/02.					
City & State -Lut-Z -Lut-Z -Lut-Z				FEI Number Applied For Not Applied For Not Applied Por					
Zip Country USA	Zip 33558	country USA	6.						
7. Name and Address of Current Registered Agent									
Name Kella L Street Address (P.O. Box Number is 4319 Water for Suite, Apt. #, Etc.		<u>30</u> 0 01/30/0	00. 04	279111 01006014	6 -3 **300	00			
city Lutz	-			State FL	Zip Code 33558				
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 Date 18703 REGISTERED AGENT MUST SIGN									
9. Names and Street Addresses of Each Officer a	nd/or Director (Fl	lorida nonprofit corporations must	ist at least 3 dire	ectors)					
Titles Name of Officers and/or Directors		Street Address Officer and/or				City / State /	Zip		
President, Keila L. Beyer		4319 Waterford	Drive		utziFL	335	58		
Director Director									
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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 filling 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: SIGNATURE:									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									