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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 APR 28 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000054272

1. Corporation Name
YOUR CAR STORE, INC.

700054225257
05/10/05--01082--014 **450.00

REINSTATEMENT 03-05

2. Principal Office Address		3. Mailing Office Address	
369 BLANDING BLVD		P.O. Box 778	
Suite, Apt. #, etc.: SUITE N17		Suite, Apt. #, etc.:	
City & State: ORANGE PARK, FL		City & State: ORANGE PARK, FL	
Zip: 32073	Country: USA	Zip: 32067	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/16/2002

5. FEI Number: 74-3044404 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for certificate of status

7. Name and Address of Current Registered Agent

Name: MYRA FRASIER

Street Address (P.O. Box Number is Not Acceptable): 369 BLANDING BLVD

Suite, Apt. #, Etc.: N17

City: ORANGE PARK State: FL Zip Code: 32073

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: [signature] Pres/CEO Date 4/25/05
REGISTERED AGENT MUST SIGN

CR2E051 (01/05)

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
PRES	MYRA FRASIER	369 BLANDING BLVD STE N17	ORANGE PARK, FL 32073

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: [signature] Pres/CEO 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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WILMOTH
& ASSOCIATES, P.A.
accounting for your needs!

Lakeshore Executive Center
2317 Blanding Blvd., Suite 206
Jacksonville, Florida 32210
904-633-9222
904-633-9060 (Fax)
Email: dstinson@wilmothcpa.com

April 25, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Your Car Store, Inc.
Document # P02000054272
FEI # 74-3044404

Dear Sir or Madam:

We are enclosing the Corporation Reinstatement Form and a check for $450.00 to reinstate the above referenced corporation. The payment of $450.00 is to cover the Annual Report fees for the years 2003, 2004, and 2005.

We are respectfully requesting a waiver of the penalties for 2003 and 2004. The corporation did not receive the annual report form because there was a change in address.

Thank you for your help in this matter. If you have any questions, please call me at 904-633-9222.

Sincerely,

Denise M. Stinson, CPA

Denise M. Stinson, CPA