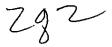
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 04 SEP 13 AM 8:00
DOCUMENT # P020000 70242 1. Corporation Name TRUE WRENCH Automoti VR, and 2. Principal Office Address 3. Mailing Office Address		200041005562 09/13/0401050002 **150.00
15 57/20 Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
Riviera Beach FC Zip 33404 Country	R; vilga Black FC Zip Country 33404	5. FEI Number /3 - 4207/17 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name CHARLES SCHER Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. J., Etc. City BOLA RATON State Zip Code FL 33 48 7 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 9-2-04		
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 D Coleman Ronni		City / State / Zip
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 Date Daytime Phone #		

True Wrench Automotive, INC.

1040 NW 15th Street Riviera Beach, FL 33404



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

Dear Sir.

Re: True Wrench Automotive, Inc. P 02000070242

The registered agent for the above corporation changed his address in January 2004. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee has been paid. We would appreciate it if you would accept the check for \$150.00 for the 2004 year and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,

Ronnie Coleman

President