PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000108046**

1. Corporation Name

BRITISH 4X4 INC.

Principal Place of Business	Mailing Address
1313 BEACH BLVD. JACKSONVILLE BCH FL 32250	1313 BEACH BLVD. JACKSONVILLE BCH FL 32250

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/04/2002

5. FEI Number: ✓ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	HARDEN, JAMES R	1313 BEACH BLVD.	JACKSONVILLE BCH FL 32250

500024100385
10/27/03--01005--019 **150.00

10/29

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HARDEN, JAMES R 1309 PALM CIR. JACKSONVILLE BCH FL 32205	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: X SIGNATURE REQUIRED Date 10-21-03

REGISTERED AGENT MUST SIGN

11. 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: X SIGNATURE REQUIRED 10-21-03 904-247-9175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attn: Glenda E. Hood
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 16, 2003

Dear Ms. Hood,

I received this notice of dissolution and immediately called your office. They instructed me to tell you that I opened my business January 6, 2003, and was unaware that a corporation annual report/uniform business report was already due on this business. I received no notification of intent to dissolve and I ask that you please accept this notification and waive the reinstatement fee. I assure you that this will not occur again now that I am aware of the procedures. I have relieved my former CPA of his duties and replaced him. I have started procedures in motion that will eliminate this in the future. Thank you for your assistance in this matter. Please do not hesitate to contact me should there be any questions.

Kind regards,

James R. Harden
President, British 4x4