

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P02000124480		
1. Corporation Name LIONS AUTOMOTIVE GROUP INC		

2. Principal Office Address 1802 S YOUNG CIRCLE	3. Mailing Office Address 1802 S YOUNG CIRCLE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State HOLLYWOOD FL	City & State HOLLYWOOD FL		
Zip 33020	Country BROWARD	Zip 33020	Country BROWARD

REINSTATEMENT

1000030398221
03/15/04--01012--010 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
54-2083646

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent			
Name PATRICIA ELISABET RIOS			
Street Address (P.O. Box Number is Not Acceptable) 4656 NW 107 AVE			
Suite, Apt. #, Etc. APT. 703			
City MIAMI		State FL	Zip Code 33178

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 **03.09.04**

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	PATRICIA ELISABET RIOS	4656 NW 107 AVE	MIAMI FL 33178

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:

Patricia Rios

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.09.04 305-4181768

Date

Daytime Phone #