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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT PO 2000 126581 1. Corporation Name CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS The Corporation Name Corporation Name The Corporation Name Po 2000 126581									FILED 05 MAR -9 PM 12: 38 SECRETARY UPSTATE TALLAHASSIT, FLORIDA						
2. Principa 15 6 2 Suite, Apt. #		1009 ice Address 7 High tc.	way 3	01	4. Date Incorporated or Qualified. Dec 2-10-2-						U0/C				
City & State City & Floreda - Dade					Cit.	Flori	45	5. FEI Numbe	9(·	- Applied	For		
Zip		Country	Zip		Cou	ntry	04	6	6401		\$9.75	Not App			
<u>პ</u> პ 5	503 USA 33503 U.S.A. CERTIFICATE OF STATUS DESIRED Tor a Cortificate of Status														
	7. Name and Address of Current Registered Agent' Name C														
	Street Addres	<u>/ 03/1</u>	<u> </u>	1029	013 *	××300.	00								
	Street Address (P.O. Box Number is Not Acceptable) 15629 Highway 301 Suite, Apt. #, Etc.														
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٠,٠	City Q	de 1	City					<u>.</u>	FL State	<u>පී්5</u>	23				
8. I, being appointed the registered appropriate above named cornoration, am familiar with and accept the obligations of section 607.0505 ex.617.0503. F.S. Signature of Registered Agent Date March 465 REGISTERED AGENT MUST SIGN															
9. Names	and Street Add	resses of Each (Officer and/or D	irector (Flori	da nonprofit corp	orations must	list at lea	st 3 directors)	T						
· Titles	Name of Officers and/or Directors				· · · · · · · · · · · · · · · · · · ·	Street Address Officer and/or			City /	State / Zip					
P/D	Chai	ndra	NEGE	BAR	3734	1 G	:11	Ave	Zephi	prhi.	lls F	<u>ل ع</u>	3541		
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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 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 evalify 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: CHANDRA NEESAR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone # 5042															

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15629 HWY 301, Dade City, FL 33523 sunautoclinic@earthlink.net Phone 352-567-5042 Fax 352-521-5683

February 17, 2005

Attention: Tyrone Scott

Subject: Rapid Auto Centre, Inc. DBA Sun Automotive Clinic

Reference: P02000126587

The enclosed corporation reinstatement for is completed and I would appreciate if you could activate the above corporation for me please.

I did not receive the 2003 corporate annual report hence the reason I did not file 2003, hope you will be able to waive the late fee.

The enclosed cheque for \$300.00 would cover 2004 and 2005. Cheque #1232 for \$150.00 dated February 09,2004 was cashed on March 19,2004 and was applied towards 2003.

If you have any questions please call me at 352-567-5042.

Thank you,

Chandra Neebar