


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

12/1/02  
APPROVED  
AND  
FILED

04 DEC 22 PM 6:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03000006232

1. Corporation Name  
FLORIDA AUTO CORP. OF PINELLAS

2. Principal Office Address  
12200 66th St. N

Suite, Apt. #, etc.

City & State  
Largo, FL

Zip Country  
33773 U.S.A.

3. Mailing Office Address  
511 Palm Drive

Suite, Apt. #, etc.

City & State  
Largo, FL

Zip Country  
33770 U.S.A.

REINSTATEMENT 04

4. Date Incorporated or Qualified To Do Business in Florida 01-13-2003

5. FEI Number 65-1166822

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 Polly S. Roberts

Street Address (P.O. Box Number is Not Acceptable)  
511 Palm Drive

Suite, Apt. #, Etc.

City Largo

State Zip Code  
FL 33770

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

*Polly S. Roberts*

Date 12-20-04

REGISTERED AGENT MUST SIGN

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
PVTD	Polly S. Roberts	511 Palm Drive	Largo, FL 33770
S	Clinton Watt	511 Palm Drive	Largo, FL 33770

000043581980  
12/22/04--01026--006 \*\*150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-04 (727) 535-1555  
Date Daytime Phone #

CR2E081 (01/04)

15282

December 20, 2004

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

Re: Florida Auto Corp. Of Pinellas  
Document # P 03000006232

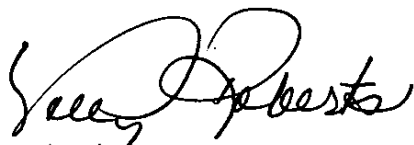
To whom it concerns:

I recently discovered when trying to renew my lease that my company was dissolved by the State for non filing of Annual Report.

This is the first year I have had the company, was not aware of annual filing requirement. I do not remember receiving any correspondence from the Department of State.

I have enclosed a check for \$ 150.00 and ask you to re-instate my company.

Thank you for your consideration in this matter.



Polly Roberts  
President

cc: [illegible]  
[illegible]  
[illegible]