


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

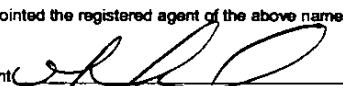

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PD3000016115			
1. Corporation Name Razors Edge Auto Sales Inc.			
2. Principal Office Address 5359 S. Suncoast Blvd Suite, Apt. #, etc.		3. Mailing Office Address 5359 S. Suncoast Blvd Suite, Apt. #, etc.	
City & State Homosassa FL		City & State Homosassa FL	
Zip 34446	Country Citrus	Zip 34446	Country Citrus

FILED
06 OCT 26 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT CR2E081 (12/05)		0506 Jmm	
4. Date Incorporated or Qualified To Do Business in Florida 2/11/03			
5. FEI Number 01-0768064		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Gil Lilienthal		700081256797	
Street Address (P.O. Box Number is Not Acceptable) 5359 S. Suncoast Blvd		10/26/06--01043--019 **300 00	
Suite, Apt. #, Etc.			
City Homosassa		State FL	Zip Code 34446

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 10/23/06	
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
P	Gil Lilienthal	5359 S. Suncoast Blvd	Homosassa FL 34446
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 contained in Chapter 119, 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: 		10/23/06 32-628-0016	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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To whom it may concern:

I am requesting a waiver for 2005 and 2006 from my corporate reinstatement fees. I never received notice for them. I have now completed the blank reinstatement form and know exactly what to file and when. I have made changes to the officers listed on the corporation so that this will not happen again.

Thank You,



Gil Lilienthal

Razor's Edge Auto Sales Inc.