


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000023715		
1. Entity Name PALMS MOTOR GALLERY, INC.		

FILED

05 DEC 30 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 102 BREWER STREET ALTAMONTE SPRINGS, FL 32701-5014	Mailing Address PO BOX 180141 CASSELBERRY, FL 32718
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2. Principal Place of Business 540 N. SR 434 Suite, Apt. #, etc. 14	3. Mailing Address P.O. Box: 180141 Suite, Apt. #, etc.
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City & State Altamonte Spgs. FL	City & State Casselberry, FL
Zip 32714	Zip 32718-0141
Country USA	Country USA



REINSTATEMENT
10242005 REIN-P CR2E098 (6/04) 05

6. Name and Address of Current Registered Agent DIEU, FORENDS EDWARD 5815 15TH AVE. EAST UNIT 7A BRADENTON, FL 34203	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABNER, FREDERIC PO BOX 180141 CASSELBERRY, FL 32718 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800062505288 12/30/05--01049--001 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIEU, FORENDS EDWARD 4715 4TH AVENUE EAST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FREDERIC, MIREILLE C P.O BOX: 180141 CASSELBERRY, FL 32718 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DIEU, DONA N 4715 4TH AVENUE EAST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
12/27/05 (321) 231-0478
Date Daytime Phone #