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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 20 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0300009012
1. Corporation Name
A2Z AUTOMOTIVE SALES INC

REINSTATEMENT 04-06
CR2E081 (12/05) 04-06

2. Principal Office Address
899 W PROSPECT RD
Suite, Apt. #, etc.
City & State
FT LAUDERDALE FL
Zip 33309 Country USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 9/21/2003

5. FEI Number 17-1883630
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 MAHMOOD TARIQ
Street Address (P.O. Box Numbers Not Acceptable) 10060 W REFLECTION BLVD
Suite, Apt. #, Etc.
City SUNRISE State FL Zip Code 33351

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 [Signature] Date 10/15/06
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 |
|-----------|-----------------------------------|--|--------------------|
| PRES | MAHMOOD TARIQ | 10060 W REFLECTION BLVD | SUNRISE FL 33351 |
| VICE PRES | RASHDA TARIQ | 10060 W REFLECTION BLVD | SUNRISE FL 33351 |
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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 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: [Signature] Date 10/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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Lawrence Scharfman & Co., CPA P.A.

Certified Public Accountants

18 E. SUNRISE HIGHWAY, #203
FREEPORT, NY 11520
TELEPHONE: (516) 771-5900
FACSIMILE: (516) 771-2598

9608 HONEY BELL CIRCLE
BOYNTON BEACH, FL 33437
TELEPHONE: (561) 733-0296
FACSIMILE: (561) 740-0613

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO Box 6327 TALLAHASSEE FL 32314
GENTLEMEN

10/25/06

RE: A2Z AUTOMOTIVE SALES INC
DOCUMENT NUMBER PO3000059072

MY CLIENT DID NOT RECEIVE 2004 POSTCARD
NOTICE : PLEASE WAIVE \$600 PENALTY
THIS SHOULD REINSTATE CORPORATION
FOR 2004, 2005 + 2006.
THEY ENCLOSE CHECK FOR \$450 TO
DEPARTMENT OF STATE

Yours Truly
Lawrence Scharfman CPA