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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P03000106469</u>					
1. Corporation Name <u>ROCKY CREEK AUTOS, INC.</u>					
2. Principal Office Address <u>2408 AMBROOK CT</u> Suite, Apt. #, etc.			3. Mailing Office Address <u>SAME</u> Suite, Apt. #, etc.		
City & State <u>NEWPORT RICHEY FL</u>			City & State		
Zip <u>34655</u>	Country <u>PASCO</u>	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida <u>9-29-03</u>	
5. FEI Number <u>56-399737</u>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>JOSEPH F. VALZ</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>710 94TH AVE NO #302</u>					
Suite, Apt. #, Etc.					
City <u>ST PETERSBURG</u>				State <u>FL</u>	Zip Code <u>33702</u>
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 <u>[Signature]</u>				Date <u>3-8-05</u>	
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	
<u>P</u>	<u>JOHN N. NEUTEN</u>	<u>2408 AMBROOK CT</u>		<u>NEWPORT RICHEY FL 34655</u>	
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: <u>[Signature]</u>				Date <u>3-8-05</u> Daytime Phone # <u>727-423,5462</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (01/05)



Professional Financial Services & Associates, Inc.



710 - 94th Avenue North / Suite 302 / St. Petersburg, FL 33702
(727) 577-9602 / Fax (727) 577-6413 / Toll Free 1-888-810-3899
Email: Joe_Valz@yahoo.com

May 7, 2005

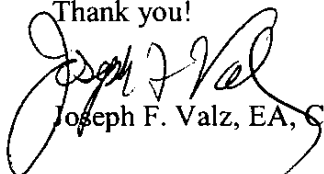
Florida Department of State
Barbara Mitchell
Document Specialist
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Letter Number 005A00027988

Ms. Mitchell:

As you requested, Rocky Creek Autos, Inc. was not renewed because the renewal notice was never received.

Thank you!



Joseph F. Valz, EA, CFP, CPBC

Enclosure