PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name C. G. O'Reilly's Inc. 2. Principal Office Address - No P.O. Box # 1633 Torino Street Suite, Apt. #, etc. 3. Mailing Office Address Hotal Torino Street Suite, Apt. #, etc. 4. Data Innorpostate Or Delibert To De Bustiness in Fiorida 05/06/04 S., FEI Number 20-07/307/43 Applied For 20-07/307/43 Appli	CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED 2008 HAY 16 AM 9: 48		
2. Principal Office Address - No P.O. Box # 1633 Torrino Street Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Data Incorporated or Qualified To Do Business in Florida O5/06/04 Street Address of Country 34287 Sarasota 7. Name and Address of Current Registered Agent Name Deborah E Kuehhas The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received agent of the above named corporation, am familiar with and accept the obligations of section 607 6505 or 617,0503, F.S. Signature of Registered Agent Addresses of Each Officer andror Director (Forida nonprofit corporations must list at least 3 directors) Name of Officers and for Prectors 10. Loantly that I am an officer or director or the receiver or travelet the requirements of section 607 0507 or 617, E.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name statisfies the requirements of section 607 07001 or 617 0401, F.S. I fluther certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name statisfies the requirements of section 607 07001 or 617 0401, F.S. I fluther certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name statisfies the requirements of section 607 07001 or 617 0401, F.S. I fluther certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name statisfies the requirements of section 607 0401 or 617 0401, F.S., It at all fees	1. Corporation Name						TALLAHASSEE, FLORIDA	
North Port, FL Zip 34287 Country 34287 Country Sarasota 7. Name and Address of Current Registered Agent Name Deborah E Kuehhas Siroet Address (P.O. Box Number is Not Acceptable) 1633 Torino Street 18. L 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 Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Preside Deborah E Kuehhas 1633 Torino Street North Port, FL 34287 North Port, FL 34287 North Port, FL 34287 10.1 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	1633 To Suite, Apt. #	rino Street I, etc.	Suite, Apt. (REINS CREEDS (12/07) 15-05-05-05-05-05-05-05-05-05-05-05-05-05		
Sarasota	·		City & State	City & State				
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Deborah E Kuehhas Street Address (P.O. Box Number is Not Acceptable) 1633 Torino Street Titles Deborah E Kuehhas In a reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Sulle, Apt. #, Etc. Signature of 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 REGISTERED AGENT MUST SIGN Date May 12, 2008 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles North Port, FL 34287 Vice Reference of Kenneth J Kuehhas 1633 Torino Street North Port, FL 34287 North Port, FL 34287 10.1 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 filling 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	7. Name and Address of Current Registered Agent					,		
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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 White								