PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 OCT -6 PH 3: 46
DOCUMENT # P04000167450 1. Corporation Name		TALL AHASSEE, FLORIDA
NATIONWIDE AUTO INC. W06000041518		1 9/26/28 - 81847201**300.00_
2. Principal Office Address 4515 N. DIXIE HWY Suite, Apt. #, etc.	3. Mailing Office Address P.O. Box 1035 Suite, Apt. #, etc.	CR2E081 (12/05) - 05-06
City & State FORT LAUDEROALE FL ZIP Country 33 334 USA	City & State DEERFIELD BCH, FL Zip Country 33443 USA	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name ROBERT BASHAWATY		
Street Address (P.O. Box Number is Not Acceptable) H5I5 N. DIXIE + IGHWAY Suite, Apt. #, Etc. City FORT LAUDERDALE State Zip Code FL 33334		
8. I, being appointed the registered agent of the bove named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent AGENT BASHAW ATY Date 09 18 06		
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 Eac Officer and/or Director	
D ROBERT BASHAU	UATY 4515 N. DIXTE H	IGHWAY FORT LANDERDALE FL33334
	10, 10)	9
	P	<u>500080572055</u> 10/06/06-01047001 **300.00
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 efficiency shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR Date Date Dayting Phone #		

P.O. Box 1035 Deerfield Beach, FL 33443 Phone (954) 971-0999

October 5, 2006

Divisions of Corporations

To Whom It May Concern:

Re: Document # P04000167450

Please be advised that we did not receive our notice (annual report) for 2005 to renew our Corporation. We are asking that you waive the penalty so we can reinstate our corporation.

If you have any questions please contact us at 954-971-0999

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