

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  96 DEC -9 PM 12: 20  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> P93000015873 1. Corporation Name  OGILVIE AUTOMOTIVE, INC.		REINSTATEMENT <i>OK-96</i>			
Principal Place of Business                      Mailing Address  4569 Clark Road Sarasota, Florida 34233					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip                      Country		3. New Mailing Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip                      Country		4. Date Incorporated or Qualified To Do Business in Florida February 22, 1993  5. FEI Number 65-0389897                      Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4
					City / State / Zip
D/P		Jerry A. Ogilvie		5534 Beneva Woods Circle	Sarasota, FL 34233
D		Jeffrey A. Ogilvie		5534 Beneva Woods Circle	Sarasota, FL 34233
D		Kathleen M. Ogilvie		5534 Beneva Woods Circle	Sarasota, FL 34233
					000002026400 -12/11/96--01076--016 *****775.00 *****775.00
					<i>JB12-10-96</i>
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name Richard D. Saba, Esquire		
			Street Address (P.O. Box Number is Not Acceptable) 2033 Main Street		
			Suite, Apt. #, Etc. Suite 303		
			City Sarasota	State FL	Zip Code 34237
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent: <i>Richard D. Saba</i> Date: <i>12/6/96</i> <div style="text-align: center; font-size: 0.8em;">REGISTERED AGENT MUST SIGN</div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>James Ogilvie</i> Date: <i>12/6/96</i> Daytime Phone #: <i>(941) 350-8887</i> <div style="text-align: center; font-size: 0.8em;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>					

CDE040 (12/95)