PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 APR 29 PM 3: 13 SECRETARY OF STATE FALLAMASSEE, FLORIDA
DOCUMENT # P93000023543		11. Here.
1. Corporation Name		
D+O AUTO SALES, INC.		,
	,	
2. Principal Office Address	3. Mailing Office Address	400017275994
Suite, Apt. #, etc.	1118 ORWELL AVE Suite, Apt. #, btc.	HEMO MICHEMI 95-03
		4. Date Incorporated or Qualified To Do Business in Florida 3-25-93
ORLANDO FL	ORLAND FL	5. FEI Number Applied For
Zip Country	Zip Country 7.C.1	6. CERTIFICATE OF STATUS DESIRED T \$8.75 Additional Fee required
32809 USA	7. Name and Address of Current Register	for a Certificate of Status
Name (2/1/10)) 142		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City ORLANI)O		State Zip Code 32809
		
Signature of Registered Agent MIPO D		Date
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	City / State / Tie
DS ALLAS DIAS	Officer and/or Director 1118 ORWELL AV	
1,5 GUIDO VIAZ	2 1118 UKWELL AT	VE ORLANDO, FL. 32809
		1
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: 1 - 1100 DCC CHILDO DIA2 4-22-03		
OIONATORE.	NTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

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