PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 22 PM 2: 33

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REINSTATEMENT 02-05

DOCUMENT # P93000062314

1. Corporation Name MOTION CORVETTE STORE, INC

2. Principal Office Address SUITE B
12692 W. COLONIAL DR

Suite, Apt. #, etc. B

City & State WINTER GAREN FL

Zip 34787   Country U.S.A.

3. Mailing Office Address 106 LAKEWOOD CIRCLE

Suite, Apt. #, etc.

City & State MAITLAND FL

Zip 32751   Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 9/7/1993

5. FEI Number 41-8726551   Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JOHN W. HALL

Street Address (P.O. Box Number is Not Acceptable) 106 LAKEWOOD CIRCLE

Suite, Apt. #, Etc.

City MAITLAND   State FL   Zip Code 32751

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 John W Hall   Date 04-20-05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
PRES	JOHN W. HALL	106 LAKEWOOD CIRCLE	MAITLAND FL 32751
		2000551 99782	
		05/24/05--01074--010 **1200.00	

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 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: John W Hall   John W. Hall   4-20-05   (407) 492.5394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #