

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 NOV -5 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000021017
1. Corporation Name
USED CARS OF FT MYERS, INC.

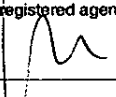
2. Principal Office Address 4821 PALM BEACH BLVD Suite, Apt. #, etc.		3. Mailing Office Address 1874 LINHART AVE Suite, Apt. #, etc.	
City & State FT MYERS, FL		City & State FT MYERS FL	
Zip 33901	Country	Zip 33901	Country

4. Date Incorporated or Qualified To Do Business in Florida 3-15-1994	
5. FEI Number 650473846	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name	DAVID MS QUEEN		
Street Address (P.O. Box Number is Not Acceptable)	1874 LINHART AVENUE		
Suite, Apt. #, Etc.			
City	State	Zip Code	
FT MYERS	FL	33901	

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  Date NOV 4TH 04

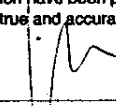
REGISTERED AGENT MUST SIGN

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 Officer and/or Director	City / State / Zip
PRES	DAVID MS QUEEN	1874 LINHART AVE	FT MYERS, FL. 33901
SEC	JUZANNE BRANSFIELD	1874 LINHART AVE	FT MYERS, FL. 33901
TRES	LEONARD MS QUEEN	1874 LINHART AVE	FT MYERS, FL. 33901

3000042524839
11/05/04--01052--017 **908.75

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)(f), 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:  Date NOV 4TH 04 (539) 334-0907

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

CR2081 (01/04)