

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p>		<p align="center">   <b>FLORIDA DEPARTMENT OF STATE</b>              Sandra B. Mortham              Secretary of State              DIVISION OF CORPORATIONS           </p>		<p align="right"> <b>APPROVED AND FILED</b>               1997 JAN 31 AM 11:05               SECRETARY OF STATE              TALLAHASSEE, FLORIDA           </p>																													
<p><b>DOCUMENT #</b> P94000026504</p> <p>1. Corporation Name <b>SMITHSONIA FORD ASSOCIATES, INC.</b></p>				<p align="right"> <b>200002077232--1</b>              -02/04/97--01140--004              ****540.00 ****540.00           </p>																													
<p><b>Principal Place of Business</b></p> <p><b>939 NE 19 AVE</b> <b>Ft. Laud, FL 33304</b></p>		<p><b>Mailing Address</b></p> <p><b>939 NE 19 AVE</b> <b>Ft. Lauderdale, FL 33304</b></p>																															
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																	
<p>2. New Principal Office Address, If Applicable <b>939 NE 19 AVE</b> Suite, Apt. #, etc.</p>		<p>3. New Mailing Address, If Applicable <b>939 NE 19 AVE</b> Suite, Apt. #, etc.</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida <b>April 7, 1994</b></p>																													
<p>City &amp; State <b>Ft. Lauderdale, Florida</b></p>		<p>City &amp; State <b>Ft. Lauderdale, Florida</b></p>		<p>5. FEI Number <b>65-0179594</b></p>																													
<p>Zip <b>33304</b></p>		<p>Country <b>USA</b></p>		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b></p>																													
<p>Zip <b>33304</b></p>		<p>Country <b>USA</b></p>		<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td><b>Pres</b></td> <td><b>Sonia Smith</b></td> <td><b>1400 NE 57th Ct #107</b></td> <td><b>Ft. Laud, FL 33334</b></td> </tr> <tr> <td><b>Treas</b></td> <td><b>Sonia Smith</b></td> <td><b>1400 NE 57th Ct #107</b></td> <td><b>Ft. Laud, FL 33334</b></td> </tr> <tr> <td><b>Vice Pres</b></td> <td><b>Sonia Smith</b></td> <td><b>1400 NE 57th Ct #107</b></td> <td><b>Ft. Laud, FL 33334</b></td> </tr> <tr> <td><b>Secret</b></td> <td><b>Juliana Franca</b></td> <td><b>5240 NE 6th 26F</b></td> <td><b>Ft. Laud, FL 33334</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	<b>Pres</b>	<b>Sonia Smith</b>	<b>1400 NE 57th Ct #107</b>	<b>Ft. Laud, FL 33334</b>	<b>Treas</b>	<b>Sonia Smith</b>	<b>1400 NE 57th Ct #107</b>	<b>Ft. Laud, FL 33334</b>	<b>Vice Pres</b>	<b>Sonia Smith</b>	<b>1400 NE 57th Ct #107</b>	<b>Ft. Laud, FL 33334</b>	<b>Secret</b>	<b>Juliana Franca</b>	<b>5240 NE 6th 26F</b>	<b>Ft. Laud, FL 33334</b>								
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<p>8. Name and Address of Current Registered Agent</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name <b>JULIANA FRANCA</b></p> <p>Street Address (P.O. Box Number is Not Acceptable) <b>6240 NE 6th AVE</b></p> <p>Suite, Apt. # Etc. <b>26F</b></p> <p>City <b>Ft. Lauderdale</b> State <b>FL</b> Zip Code <b>33334</b></p>																															
<p>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.</p> <p>Signature of Registered Agent <b>Juliana Franca</b> REGISTERED AGENT MUST SIGN Date <b>December 27, 1996</b></p>																																	
<p>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.)</p>																																	
<p>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.</p>																																	
<p><b>SIGNATURE: JULIANA FRANCA</b> <i>Juliana Franca</i> <b>12-20-96</b> <b>954.525-6118</b></p> <p align="center">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																																	

CR2000 (12/96)