

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center;"> APPROVED AND FILED </div> <div style="text-align: center; margin-top: 10px;"> 97 AUG 15 PM 1:17 </div> <div style="text-align: center; margin-top: 10px;"> SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>																	
DOCUMENT # P94000047793				DO NOT WRITE IN THIS SPACE																	
1. Corporation Name Central Plaza Car Care Corp.																					
<table style="width: 100%;"> <tr> <td style="width: 50%;">Principal Place of Business</td> <td style="width: 50%;">Mailing Address</td> </tr> <tr> <td>700 N.W. 37th Avenue Miami, FL 33125</td> <td></td> </tr> </table>						Principal Place of Business	Mailing Address	700 N.W. 37th Avenue Miami, FL 33125													
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.				4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">6/27/94</div>																	
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable																			
Suite, Apt #, etc.		Suite, Apt #, etc.																			
City & State		City & State																			
Zip Country		Zip Country																			
5. FEI Number 65-0505794				Applied For <input type="checkbox"/> 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)																					
1	2	3	4	5	6																
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																		
P/D	Robert A. Lopez	700 N.W. 37th Avenue	Miami, FL 33125																		
VP	Francisca Valle	700 N.W. 37th Avenue	Miami, FL 33125																		
TREA	Maria Blanco	700 N.W. 37th Avenue	Miami, FL 33125																		
<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.5em; margin-top: 10px;">96-97</div> <div style="font-size: 1.2em; margin-top: 10px;">A. Lopez</div> <div style="font-size: 1.2em; margin-top: 10px;">8/15/97</div>																					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent																		
Robert A. Lopez 700 N.W. 37th Avenue Miami, FL 33125			<table style="width: 100%;"> <tr> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="text-align: center;">500002270975--7</td> </tr> <tr> <td colspan="2">Suite, Apt. #, Etc.</td> </tr> <tr> <td colspan="2" style="text-align: center;">-08/15/97-01031-019</td> </tr> <tr> <td colspan="2" style="text-align: center;">****915.00 ****915.00</td> </tr> <tr> <td>City</td> <td>State Zip Code</td> </tr> <tr> <td></td> <td>FL</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		500002270975--7		Suite, Apt. #, Etc.		-08/15/97-01031-019		****915.00 ****915.00		City	State Zip Code		FL
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City	State Zip Code																				
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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			Date <u>8/12/97</u>																		
REGISTERED AGENT MUST SIGN																					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input 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:			Robert A. Lopez																		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>8/12/97</u>																		
(305) 649-3822			Daytime Phone #																		

CR2E040 (12/95)