


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>994000052346</u>			
1. Corporation Name  ALL STATES RENT A CAR SALES OF FLORIDA, INC.			
Principal Place of Business  5655 SOUTH U.S. 1 FORT PIERCE, FL 34982		Mailing Address  (Blank)	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 1801 SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 1801 SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc.	
City & State STUART, FLORIDA		City & State STUART, FLORIDA	
Zip 34994	Country MARTIN	Zip 34994	Country MARTIN
4. Date Incorporated or Qualified To Do Business in Florida 07/14/94		5. FEI Number 65-0518695	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
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
DPS	ALFRED VISCOUNT	1801 SOUTH FEDERAL HIGHWAY	STUART, FL 34994
8. Name and Address of Current Registered Agent  STEPHEN NAVARETTA 1100 SW ST. LUCIE WEST BLVD SUITE 203 PORT ST LUCIE, FL 34986		9. Name and Address of New Registered Agent Name DOUGLAS E. THOMPSON Street Address (P.O. Box Number is Not Acceptable) 4525 GUN CLUB ROAD Suite, Apt. #, Etc. Suite 101 City WEST PALM BEACH State FL Zip Code 33415	
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 <u>[Signature]</u> Date <u>2-4-99</u> REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>2-4-99</u> (561) 221-9997 Daytime Phone #	

FILED  
FEB -8 PM 1:55  
STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 9899  
2/8/99

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