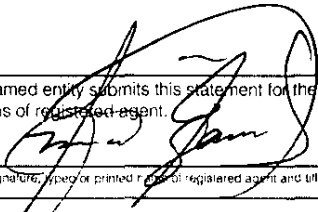
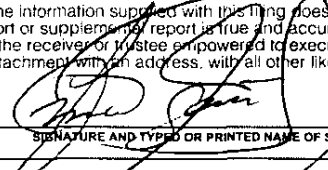


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P94000060423</b> 1. Entity Name <b>AUTO SALON 2,000 INC.</b>						<b>FILED</b>  <b>08 NOV 17 AM 9:35</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1650 N POWERLINE RD</b> <b>DEERFIELD BEACH, FL 33442 US</b>				Mailing Address <b>1650 N POWERLINE RD</b> <b>DEERFIELD BEACH, FL 33442 US</b>			
2. Principal Place of Business - No P.O. Box # <b>1650 SOUTH POWERLINE RD</b>				3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State <b>DEERFIELD BEACH, FL</b>				City & State			
Zip <b>33442</b>		Country		Zip		Country	
4. FEI Number <b>65-0539800</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>J &amp; G FINANCIAL SERV. INC.</b> <b>2522 N. SR 7</b> <b>MARGATE, FL 33063</b>				7. Name and Address of New Registered Agent Name <b>MARIO I. LAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>1650 SOUTH POWERLINE ROAD</b> City <b>DEERFIELD BEACH FL</b> Zip Code <b>33442</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				DATE <b>11/14/08</b>			
(NOTE: Registered Agent signature required when reinstating)				DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>LAM, MARIO</b> STREET ADDRESS <b>2653 NORTHWEST 49TH STREET</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100138008741</b> <b>11/17/08--01056--015 **150.00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				DATE <b>11/14/08</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>MARIO I. LAM.</b>				Daytime Phone # <b>924-481-1615</b>			