PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN 29 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064464

1. Corporation Name: Executive Auto Recycling Corporation

REINSTATEMENT 09-02

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 11516 Satellite Blvd | 11516 Satellite Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Orlando, FL | City & State: Orlando, FL |
| Zip: 32837 Country: USA | Zip: 32837 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 8/30/94

5. FEI Number: 59-3265799 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: [X]

7. Name and Address of Current Registered Agent

Name: Patricia A. Gaiser

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-02/07/02--01006--009
***120.75 ***1208.75

Street Address (P.O. Box Number is Not Acceptable): 3050 Bird Lane

Suite, Apt. #, Etc.

City: Windermere State: FL Zip Code: 34786

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: Patricia A. Gaiser Date: 1-28-02
REGISTERED AGENT MUST SIGN

(CR2E081 (6/01))

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 |
|---|---|---|---|
| P | Patricia A. Gaiser | 3050 Bird Lane | Windermere, FL 34786 |
| | | | |
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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)(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: Patricia A. Gaiser PATRICIA A. GAISER 1-28-02 (407)851-8119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #