PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of Sta[illegible]
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 18 PM 12:00

DOCUMENT # P94000072726

1. Corporation Name
Auto Experience Inc

REINSTATEMENT 96-04

2. Principal Office Address	3. Mailing Office Address
5164 Ridgewood Av	PO Box 290251
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Orange FL	City & State: Port Orange FL
Zip: 32127 Country: USA	Zip: 32129 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 10-1-94

5. FEI Number 593275560 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Dennis K O'Donnell
Street Address (P.O. Box Number is Not Acceptable): 5164 Ridgewood Av
Suite, Apt. #, Etc.:
City: Port Orange — State: FL — Zip Code: 32127

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: Dennis K O'Donnell — REGISTERED AGENT MUST SIGN — Date: 6-15-04

CR2E031 (03/04)

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	Dennis K O'Donnell	5164 Ridgewood Av	Port Orange FL 32127
			700038051357 06/18/04--01004--004 **1423.75

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: Dennis K O'Donnell Dennis K O'Donnell 6-15-04 386 322 9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Auto Experience Inc.
5164 Ridgewood Ave.
Port Orange, Fl. 32127

June 15, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom it May Concern:

This is to confirm that I, Dennis K. O'Donnell, president of Auto Experience Inc. never received renewal for 1996 Corporations Kindly include certificate of status.

Thank you for your cooperation in this matter.

Yours Truely,

Dennis O'Donnell