PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION' Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 APR -2 AM 9:38 DOCUMENT #P9500010292 BETTER RIDE AUTO Sales inc SECRETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business AND REWS AUMailing Address 3601 N. AND. AU. Land Fla 33309 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New-Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, elc. Suito, Apt. #, ely Andrews Av. Applied For Not Applicable \$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) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip (6181 S.W. 56 CT. DAVIE Fl. 33314 200002134042--5 -04/04/97--01093--005 ****929.75 *****929.75 REINSTATEMENT 4 Some netter projection of the state of 9. Name and Address of New Registered Age Street Address (P.O. Box Number is NonAcceptable) 6181-51006 CT DAVIE Pla 33314 Suite, Apt. #, Etc. State Zip Code 10. I, being appointed the registered agent of the above named corporation um familiar with and accept the obligations of Section 607.0505. F.S. JOP L. Ja LOSTA REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. 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. 3-20-97 954-537-7704
Date Davime Phone # SIGNATURE: